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Self-experiential Training and the Development of Music Therapeutic Competencies

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A Field of Resonant Learning

**Self-experiential Training
and the Development of Music Therapeutic Competencies**

**A Mixed Methods Investigation of Music Therapy Students' Experiences
and Professional's evaluation of their own competencies**

Charlotte Lindvang

Dissertation submitted for the Degree of Doctor of Philosophy

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**Department of Communication and Psychology, Faculty of Humanities
Aalborg University, Denmark
2010**

Declaration

I confirm that this thesis and the research it contains has not previously been submitted for examination for an academic qualification, undergraduate, or postgraduate.

Charlotte Lindvang

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Chapter 1. Introduction

The goal of this thesis is to investigate specific training elements for music therapists; more precisely, the purpose of the current study is first to investigate how music therapy students experience and describe self-experiential learning processes. The second goal is to contextualise this phenomenon clinically and professionally by presenting professional music therapists' evaluations of their own competencies and of the influence of their earlier self-experiential training on their current clinical and professional competencies.

The study contributes to our knowledge concerning the training of music therapists and thus, the integration of self-experience as a component of training can be supported by research, and what is already known can be further elaborated. Furthermore, the thesis can be considered to contribute to a more general and interdisciplinary exchange and discussion concerning different types of learning processes for students qualifying for a position in the health services, as well as contributing to the debate about the gap often seen between theory and practice.

In the following introduction, I will briefly describe the rationale behind the current research. I start on a general level, and then present the two basic research questions that guide the study. Next, I provide a short summary of the choices made concerning the design and methodology used in the study, followed by an overview of the structure of this thesis.

1.1 Growing interest in learning processes and professional competencies

Learning processes constitute an area that is carefully examined within many professional disciplines. In recent years, questions related to professional qualifications and competencies have been considered and discussed at educational institutions and in work places, and there has been an increasing focus on “lifelong learning”. Overall, there is an increasing amount of research-based knowledge on learning, on many levels and in many professional arenas.¹

¹ If you Google the term “learning” in Danish, more than 2 million links pop up, and in the Danish Library (bibliotek.dk) about 6000 books fall under the topic “learning”.

In universities and other institutions of higher education, the most common learning is theory-based and conventional, emphasising lectures and the acquisition of a profession by following a comprehensive syllabus. The music therapy programme at Aalborg University provides an atypical academic education, integrating professional practical training and experience-based types of learning as well. Basically, the education provided can be described as a combination of academic- and profession-based training (Willert, 2007b).

1.2 A current issue in psychotherapy research and music therapy research

Recently in psychotherapy as well as music therapy research, there has been an increasing focus on providing evidence that certain approaches or techniques work effectively for certain groups of clients, in an attempt to meet the requirements of providing “evidence-based practice” (Rønnestad, 2008). This effort leads to an increasing emphasis on certain approaches and methodological aspects, as the attention and interest in what the therapist brings to therapy is reduced. Concurrently, other research studies in psychotherapy document that the therapist has a great impact on the effectiveness of the therapy, since the quality of the relationship or alliance between the therapist and client is pivotal (Orlinsky, Rønnestad & Willutzki, 2004; Rønnestad, 2006a). Many studies indicate that there are no or only few differences in the outcome of different forms of therapy, concluding that the non-specific or common factors of psychotherapy are crucial in relation to therapeutic benefit gained by clients (Lambert, 1994; Jørgensen, 1998; Luborsky et.al., 2002). Against this background, I find it relevant to focus on the education, training and maintenance of therapeutic competencies of therapists.

1.3 Focus of the study

In the present study, the development of the professional competencies of music therapists is examined by studying students’ self-experiential therapeutic learning processes.² The study focuses on those courses and processes in the programme in which the music therapy student experiences being in the client’s position. Thus, the students go through a personal process in which they experience the music and the effects of music therapy on their own bodies and minds.

² In chapter 2 I will explain the concept of self-experiential learning in more details.

As mentioned earlier, I am also interested in providing a broader clinical context for the phenomenon of learning through self-experience, with an investigation of how professional music therapists exhibit their learning from self-experience in their clinical work. In other words, to what degree does self-experiential learning have an impact on the development of the clinical competencies of music therapists?

1.4 Field of the study

The current study belongs to the field of study between therapy and education, overlapping both areas. When the student is present in a therapeutic process, where existential and emotional issues may be released or transformed, it is deeply personal – but at the same time the process is situated within the framework of academic training, and the aim is to create and develop the professional competencies that the music therapist will need in the future.

Even though the field of learning constitutes my main frame of reference, the content of this thesis will deal with especially the area associated with professional therapists as well.

The investigation is exploratory and it will prepare the ground for reflections about professionalisation inside music therapy. Such reflections may vitalise and renew the discussion about self-experience in the university milieu in music therapy both inside and outside Denmark.

1.5 Personal background

The empirical investigations of student participants were conducted at Aalborg University Denmark (from where I graduated in 1997). Professionally speaking, I “grew up” in a milieu with a fundamental trust in the value of self-experience as an integrated part of the programme (Pedersen, 1983, 1999, 2002a).

Personally, as a student I benefited and learned very much from my experiences in the client’s position. Moreover, I was employed in the programme as an assistant professor from 1997-2000. Among other things, I worked as an individual music therapist (teacher-therapist in students’ individual therapy). These positive links to the subject that I study form my background. My starting point was not to ask if self-experience *is* a necessary part of the training, even though the

integration of self-experience in the programme in Aalborg is unique, also from an international perspective. My main interest in this study is students' personal narratives about their experiences of engaging in this process and their experiences of the role of the music in this context. Thus, this study is based on a curiosity and interest in self-experience as a specific type or phenomenon of learning which – according to my own background – supports the development of basic clinical competence.

1.6 Gaps in the research

Self-experience is generally a requirement of most psychotherapy training programmes, as an aspect of therapeutic training, which can be traced back to Freud and the early demand on students to complete their own analyses. Although many therapists, including psychoanalysts, no longer work with clients exactly as Freud prescribed, his wisdom on matters of therapeutic training nowadays is an accepted part of most therapeutic practice (Geller et al., 2005 p. 220). As the literature review will show, this is an area that is almost ignored and pertaining to music therapy – as well as other forms of therapy – research is limited. Investigations that can deepen our understanding of the learning associated with self-experience are needed.

Psychotherapy research that documents the students' perspective is also rare (Hougaard, 2004). In the present study, the goal is to investigate music therapy students' experiences, presuming that the student's perspective will generate new understanding and insight, thus supplementing the existing knowledge in the field.

1.7 Research questions

The research questions are as follows:

1) How do students experience and describe their learning processes, i.e., being in the client's position in the mandatory self-experiential training in the Aalborg Music Therapy programme?

In order to contextualise this primary question, as related to the professional demands student will meet after graduation, two further questions are addressed:

2a) How do music therapists trained in Aalborg evaluate their own clinical competencies and the impact of their prior self-experiential training on their clinical competencies?

2b) What is the relationship between what music therapy students experience and describe about their learning processes (as elicited in question 1) and how music therapists trained in Aalborg evaluate the impact of their prior self-experiential training on their clinical competencies?

The next section includes a short introduction to the research design and methodology of the current research.

1.8 Design and methodology

Self-experience is one of the most multi-layered and complex phenomena in the training of music therapists. From the beginning, I have been aware of the difficulties associated with investigating a complex phenomenon such as learning through self-experience, and I have thoroughly considered how to make data collection possible, relevant and most ethical.

In the two chapters describing the methods (chapters 4 and 7), I will go into detail about how I decided on the methods used in the current study, and I will elaborate on the practical and ethical issues surrounding the specific methods. The following is just a short review.

The study uses a mixed methods design, since both qualitative and quantitative methods are applied to answer the research questions. Referring to Creswell and Clark (2007), the study can be categorised as a two-phase design, in which the timing is sequential, since the qualitative component was conducted before the quantitative component.

To answer the first research question, semi-structured qualitative interviews and qualitative music analyses were conducted, using a hermeneutic approach. (The nine students participating were asked to bring a recording of an improvisation of their own choice to the interview, as an artefact from the process of self-experience.) The qualitative data collection was followed by an arts-based interpretation for each of the students, as well as a theoretical level of interpretation across data from all students.

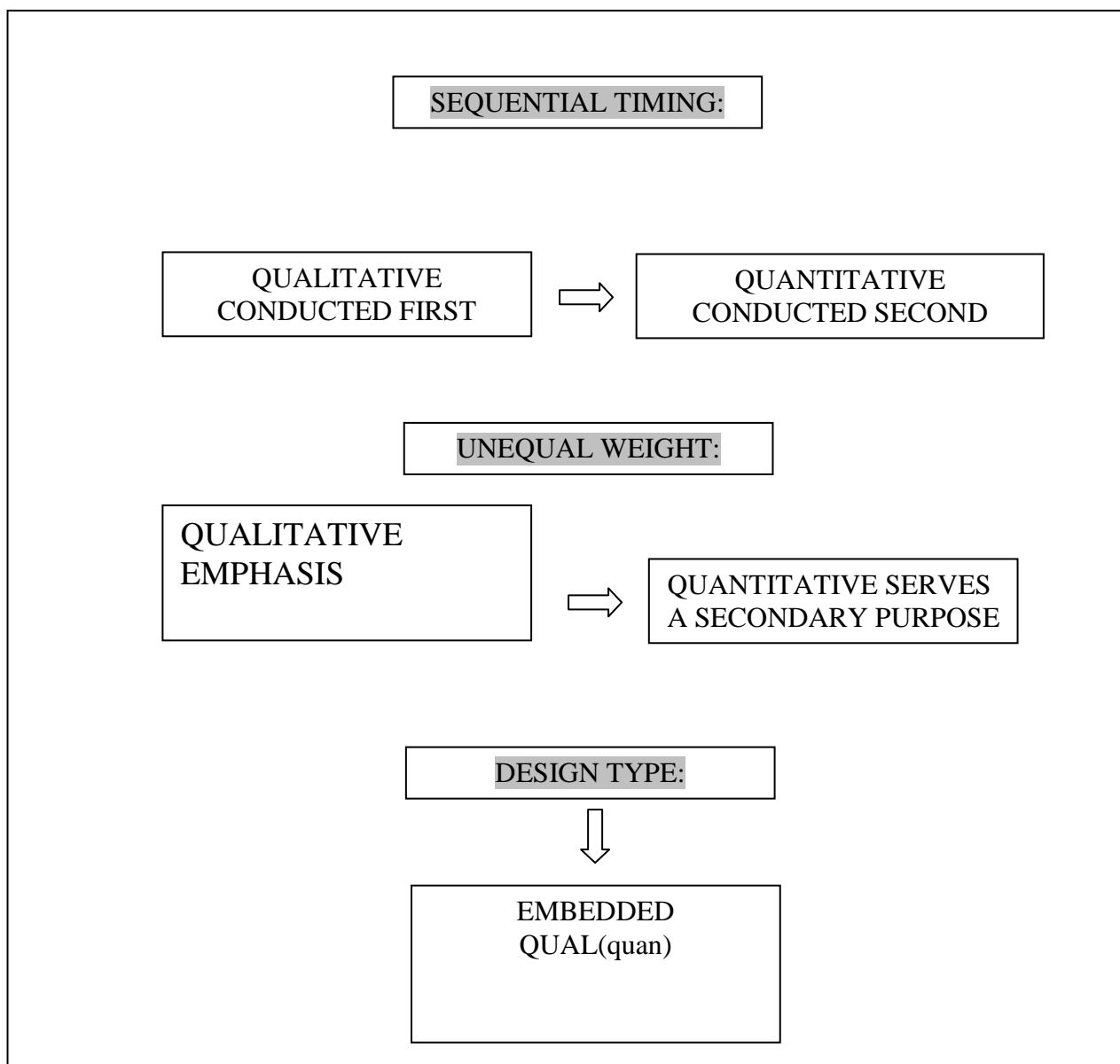
To answer the second research question (2a), a survey questionnaire was administered. The questionnaire was created from the curriculum that defines specific competencies the students are expected to develop in the future as music therapists, and it was distributed as an online survey to selected members of the Danish Association of Professional Music Therapists (MTL) – who graduated from Aalborg between 2001 and 2007.

The *link* between the two separate components and the different methods and results (addressing question 2b) is something that I will develop and describe through the discussion in chapter 9.

Thus, the study has an embedded design, which means that one data set provides a supportive, secondary role in the study based primarily on the other data set; in this case, the quantitative method is embedded into an overall qualitative study design³.

³ According to Creswell and Clark (2007, p. 69), a key question when determining if the design is “embedded” or not is whether the secondary data type plays a supplementary role: would the results be useful or meaningful if they were not embedded within the primary data set? I must admit that the results from the questionnaire survey in the present mixed methods study could have meaning and value without being embedded. This consideration leaves me again with the difficulty of defining the design. Nevertheless, I suggest “embedded design” is the closest term for describing my design – and I would not have done the quantitative component without the qualitative component.

Table 1: Design (mixed methods):



The participants in the qualitative component of the study were nine music therapy students from Aalborg University, enrolled in the fifth year of their Master's degree training programme. The participants in the quantitative component were professional music therapists trained in Aalborg, Denmark – and who graduated between 2001 and 2007.

1.9 A few words about the terminology

In this thesis, the term *self-experience* is equivalent to the wording *experiential training*. I agree with Bruscia's definition: "in experiential training, students experience the process of music therapy or healing: 1) authentically, 2) as clients, 3) through a planned sequence of experiences over an extended period of time, 4) as an integral part of an education or training programme, and 5) for both educational and personal growth purposes" (Bruscia, 1998a).

The concepts of *self-experience* and *experiential training* refer to an educational context, and as such they are broad constructs that cover something else than the term *personal therapy*. In the current thesis, *personal therapy* refers more precisely to the limited one-semester course of individual music therapy and to the group therapy during three semesters, incorporated in the Aalborg programme. It can also refer to personal therapy sought by the student outside the university, or sought by the therapist while working as a professional.

1.10 The structure of this thesis

The first part of the thesis includes this introductory chapter, and chapter two which provides an introduction to the theory behind self-experience in the music therapy training at Aalborg University. A review of research literature relevant to the study is presented in chapter three.

The second part of the thesis contains a presentation of the qualitative methods used to answer the first research question (chapter four), and in chapter five the findings from the qualitative analysis, of both text and music, are presented. I used a hermeneutic method of analysis and developed new text material for each student, summarising the qualitative data. The final text result I call an "improvisation narrative" – it interprets text and musical material all together in a lyrical and poetic language. In chapter six I take a step further in the analysis and interpret the material on a horizontal level informed by the theory of cybernetic psychology.

Part three presents material related to the second research question, i.e., the second component of my study. Chapter seven includes a presentation of the questionnaire as a quantitative method of data-collection, including a description of the development of the questionnaire. In chapter eight, the results from the survey are presented and analysed.

Chapter nine, representing part four of this thesis, presents a discussion of the findings and the two research questions and the two different analyses of two sets of data are brought together here. Furthermore, I try to discuss the dynamics in my field of findings and results in relation to previous and recent literature. This leads to reflections about further perspectives for which this thesis has laid the ground. New questions are raised and suggestions concerning further research are presented before the final conclusion is presented. Next to chapter nine a summary of the whole study is provided.⁴

⁴ The summary is provided both in English and in Danish

Chapter 2. Self-experience in the Aalborg programme

A major element of the conceptual framework of the present study is the manner in which self-experience and personal therapy are implemented as a mandatory part of the music therapy training programme in Aalborg University, Department of Communication. The following introduction includes a brief contextualisation of experiential training using an international perspective, and a short presentation of the historical and theoretical background of the Aalborg programme.

2.1 An international perspective

For many years, there has been worldwide exchange and collaboration concerning training and educational conditions in music therapy. In 1990, at the World Congress of Music Therapy in Brazil, an Education and Training Commission was formed, and as reported in Wheeler and Grocke (2001), the objective was to survey music therapy training courses throughout the world to determine the content of their courses and other aspects associated with training music therapists. The work has been continued through meetings at the world congresses held every third year. At the 10th World Congress of Music Therapy in Oxford, in 2002, a Symposium focusing on experiential learning in music therapy was arranged. The 34 participants representing 12 countries agreed that experiential learning is a necessary component in music therapy education, namely as “the only way that students could truly understand the music therapy process” (p. 143, in “Report from the Symposium”, Murphy & Wheeler, 2005). It became clear that this kind of learning is organised in many different ways and formats in music therapy programmes around the world. It was a complex question to the group of participants whether self-experience in music therapy should take place inside or outside the programme curriculum, as illustrated by the following examples.

In the UK, programmes require that trainees are in individual therapy concurrently with the overall programme, off-site and with a therapist not involved with or engaged by the course, but recommended by the instructor of the course. The same holds for universities in Germany, where personal therapy is also required but situated outside the training and paid for by the student

(Murphy & Wheeler, 2005). In Israel, personal therapy cannot be mandatory if the student has to pay. In Argentina, personal therapy is not a part of the structure of university courses. However, at the postgraduate level, the students work with a specific experiential method, “Experiential Training in the Plurimodal Method in Music Therapy”, where they experience the different types of music therapy that they have studied theoretically.

In the US, it is illegal to require personal therapy as a mandatory element in a (university) training programme. Some of the American music therapy Master’s programmes have integrated self-experience in the form of, for example, clinically oriented voice improvisation, however, it is up to the student whether he or she will engage in and pay for individual music therapy independent of the programme requirements. According to Scheiby (2007), many students do that.

The music therapy programme at Aalborg University is probably the only university programme with personal therapy and self-experience subjects implemented as a mandatory requirement *within* the programme, and paid for by the programme.

This issue and many other aspects of approaches and methods in experiential learning were discussed at the 2002 symposium in Oxford. It was furthermore agreed that experiential learning or self-experience in music therapy programmes presents several ethical risks, but also that the ethical problems associated with *not* having any experiential training is far more risky (Murphy & Wheeler, 2005).

2.2 History of the Aalborg programme

The music therapy training programme at Aalborg University was established in 1982 with a broad psychodynamic and humanistic basis. The founders, Inge Nygaard Pedersen and Benedikte Barth-Scheiby, both came from a two-year-postgraduate education in Herdecke, Germany (*Mentorenkurs Musiktherapie*), deliberately integrating Creative Music therapy (the Nordoff-Robbins tradition) and Analytical Music therapy (the Mary Priestley tradition). Therefore, a dynamic interchange between a humanistic-existential orientation and a psychoanalytic orientation has coloured the Aalborg training course. With inspiration also from, e.g., the American tradition of a more behaviouristic orientation and the Norwegian tradition of social and

culture-oriented music therapy, the Aalborg educational programme has become explicitly eclectic in its acknowledgement of a variety of traditions and their useful contributions to the development of theory, clinical practice and research within music therapy (Wigram et al., 2002).

Inge Nygaard Pedersen and Benedikte Barth-Scheiby came back to Denmark after participating in the “Mentorenkurs Herdecke” with a strong conviction that personal therapy should be part of the training: “It seemed to be an incredibly logical and creative way to integrate learning processes, even if it also implied emotional conflicts and huge personal challenges” (Pedersen, 2007b, p. 28, author’s translation).

It was also a challenge in the first years to obtain the Ministry of Education’s permission to implement the mandatory self-experiential music therapy courses. Thanks to Inge Nygaard Pedersen, who was the first to be employed in a permanent position at Aalborg University, and thanks to other pioneers and supportive people, it did succeed (Pedersen, 2007b). In 1989, the programme was subject to an evaluation conducted by the Ministry, probing students, teachers, work places of the first candidates etc., and evaluating the relevance and the ethics of the “Experiential Training in Music Therapy” (ETMT) as a mandatory part of the programme. The result was positive, and the programme received full recognition and acceptance (Pedersen, 2002a, p. 188).

2.3 Theoretical background

The fact that personal therapy processes are highly prioritised in Aalborg can be traced back to the analytical music therapy orientation. Originally, Mary Priestley developed the idea of offering experiential training in music therapy (ETMT) to music therapy students. In the early 1970s she offered private training to students, both individual and inter-therapy, as a supplement to the students’ music therapy training (the concept of inter-therapy will be explained further on p. 19). Due to her analytical background, she believed that the therapist must try to work as a client with those tools that she wants to offer her future clients. In other words, if you want to teach swimming you need to be able to swim yourself (Scheiby, 2007).

Johannes Eschen from Germany participated in inter-therapy training conducted by Mary Priestley, and he brought the experience with him back to Germany, where as the first trainer in the world he integrated self-experience as a mandatory part of the two-year full-time training programme “Mentorenkurs Herdecke” (the programme in which Inge Nygaard Pedersen and Benedikte Barth- Scheiby participated). From this, Pedersen and Barth-Scheiby subsequently grounded the education programme in Aalborg, as mentioned above, strongly inspired by Eschen and Priestley.

On the basis of a lecture by Mary Priestley in 1998, Johannes Eschen wrote an introductory chapter for a book on analytical music therapy, in which he outlines the manifold functions of “training music therapy” (*Lehrmusiktherapie*):

1. In group and individual music therapy, the student can learn by experiencing his own personality alterations, developments, and so on, and by understanding personally from within what music therapy can do.
2. Positive experiences with music therapy enhance and foster insight: therapy for therapists is needed. Patients can normally only develop as long as the therapist is willing and able to do so.
3. Inter-therapy (Priestley, 1975⁵) is an excellent tool (as a non-hierarchic music therapy for music therapists) for the “psycho-hygiene” of music therapists.
4. Supervision and supervising over and over again provide new possibilities to assess and revise critically and continually our music therapy methods.

(Johannes Th. Eschen, 2002 p. 19)

2.4 The purpose of the experiential training in music therapy (ETMT)

The purpose of placing students in the role of “student-client” over four years (1st-8th sem.) is to prepare their work with music therapy from a psychotherapeutic base with many different client populations. Thus, it can be understood as basic training for all music therapists irrespective of the area in which they end up working (Nygaard Pedersen, 2002a). The aims of the ETMT, as proposed by Nygaard Pedersen (2002a, p. 170), are:

⁵ Mary Priestley (1975) *Music Therapy in Action*. London: Constable

Table 2: The aims of the ETMT

- To increase the sensitivity and flexibility of the students' ability to establish contact and communication through therapeutic musical experiences
- To explore traumatic blocks, and to develop more personal insight and resources through therapeutic musical experiences
- To develop musical techniques to work with transference and countertransference issues
- To develop musical techniques to listen to, and to be in a fluent relationship with body, feelings and consciousness
- To generally develop musical techniques to establish and develop contact with clients at different levels

The aim of the self-experience training is to create a safe frame for processes of deep empathy in relation to one's own and other people's authentic themes of life, a process of self exploration as well as relational experiences with music as the main tool. The goal is for the student-client to get in contact with and develop insight into his/her own conflict-material as well as resourceful, creative and relational potential and thus undergo a personal developmental process through the therapeutic work.

Since the start of the music therapy programme in Aalborg in 1982, Inge Nygaard Pedersen has continued to be engaged in the training programme, developing and describing the methodology and the theoretical understanding of self-experience as well as linking it to the work of the professional music therapist in a wealth of articles and book chapters (Pedersen, 1987, 1999, 2000, 2002, 2005, 2006, 2007, 2008), further as a co-author with Scheiby (1999) and as a co-author with Bonde and Wigram (Bonde et al., 2001 / Wigram et al., 2002). Pedersen holds that a basic tool of a therapist is to be present and mentally prepared, and therefore self-experience aims at developing the competence of "listening to oneself listening to the client". Since the music therapist is actively involved and most often a co-creator of the music in music therapy, it is obvious that the therapist is a *part* of what is going on, and must take responsibility for that through listening to his/her own contribution as well as listening to the client's contribution. Nygaard has focused on the concept of "disciplined subjectivity", which means that the therapist is present with her subjectivity while she is resonating with the client: The therapist's sensitivity

and attentiveness is combined with a disciplined form of preparedness to step in and out of experiences of *being in* a relational field with the client, and of *reflecting upon* those experiences. According to Pedersen, this cyclic movement typically happens when the music therapist is improvising together with a client (Pedersen, 2007, p. 359). The relational field between music therapist and client in the context of improvisation has been a consistent theme of Pedersen's work, with a specific focus on the tacit processes of countertransference that happen in the meeting, especially with patients in psychiatry.⁶

Regarding self-experience as a part of the music therapy training, the aim is for the future music therapist to develop and constantly tune her person and personality as the most important instrument in the therapy, in order to become aware of her own subjectivity and to be more containing, empathic and open-minded in meetings with clients (Pedersen, 2007).

The student's experiences as a "student-client" are considered indispensable and a prerequisite in relation to a gradual transition into the role as "student-therapist", and as a natural part of growing into the identity of a professional music therapist. The learning processes are also undertaken as preparation for the continuation of personal developmental processes after graduation (Hannibal, 2005a). This view illustrates the basic humanistic orientation of the Aalborg educational programme; individuals possess a capacity for growth, and a therapist can and should expand this capacity through personal growth activities throughout the life span.

This approach is supported by Mary Priestley who tells music therapists that "you yourselves are your most important patient". Priestley recommends music therapists find a lifestyle that balances with the pressure and emotionality of the therapy work. She also recommends that music therapists, when needed, continue to work with their own difficulties in life through music therapy (Eschen, 2002, p. 15).

⁶ In her PhD thesis, Pedersen (2006) studied how music therapists sense, react to and understand their experiences of countertransference in music therapy in psychiatry. Countertransference reactions emerge as surprises, through non-verbal channels of communication via the body and senses, and therapists are ready to seize these situations and be guided by the bodily and musically surprising elements that emerge. The four respondents of her study agreed that their personal therapy had helped them to be ready to use their own experiences - including the unpleasant and traumatic ones (Pedersen, 2007, p. 379).

2.5 The role of music in ETMT

As described above, musical experiences and the development of musical techniques to establish contact, communication and relationships are the heart of the ETMT. The Aalborg programme essentially has a humanistic view of music, which means that music is understood as a social medium for self-expression and communication.

Music generates meaning, both in the process of creation and expression and when it is listened to and interpreted. This meaning is both constructed and ambiguous, which is considered a very important therapeutic aspect (Wigram et al., 2002).

During the music therapy training in Aalborg, students learn about music in many different ways. Pedersen (2002, p. 175) proposes a variety of improvisational models to be used in ETMT:

- Improvisation based on musical clinical guidelines not necessarily representing a recognisable musical style;
- Improvisation based on associations (images, memories, and so on) symbolically expressed through music;
- Improvisation expressing inter-relational experiences and identity in music – “here and now relationships” or “as-if-relationships”.

In self-experience training, the students learn to use different sorts of playing-rules for improvisations and learn to acknowledge their personal improvisational language when they are in the client position. From within they experience the power of music as a tool for reflection of mental abilities, limitations and preparedness. Mary Priestley describes the role of the music in the training as follows:

The student begins to explore his own inner life with the aid of shared music and words, and hopefully he will put some trust in the work that he and his therapist do together. He will probably begin to understand something of the power of improvised music to express his own feelings...it is here too, that he learns about his own vulnerability through music and the way it can lead him to preverbal memories, symbolic images and emotions that he never realised that he had. (Priestley, 1994, p. 297)

2.6 The concrete implementation of self-experience

In the following, I briefly present how self-experience is implemented in the Aalborg programme. I present the elements of the programme according to the current curriculum. It should be noted that changes have been made to the curriculum in the past 10-15 years, due to expansion from a 4 year- to a 5-year-programme, budget cutbacks and re-organisational needs. Thus, the curriculum was different at the time when students interviewed for this study were engaged in the programme. I do not present the old versions of the curriculum to the reader in this context, since I consider the differences to be of minor importance to the overall theme of self-experience in the Aalborg training programme. The most evident change is that the order of personal therapy was organised differently in the curriculum that concerned participants in the current study. Participants had a course of individual therapy before group therapy, and in the present curriculum the students have three semesters of group therapy before they get to the individual therapy. Further, the discipline “psychodynamic movement” (Pedersen, 2002a) has been replaced with the discipline “relational competencies with body and voice”, but the contents of these are very much the same; based on the “here-and-now”, the discipline focuses on body and voice awareness and experiences. Through integration of experiences from group therapy and voice work, the aim is to develop students’ relational competencies.⁷

Based on a primarily psychodynamic understanding of psychological development, personal work is given great weight in the Aalborg programme; with self-experience elements implemented in 8 out of 10 semesters and with 3 periods of practicum.

A unique aspect is that the students are involved in therapeutic activities from the very *beginning*, and the personal developmental work happens parallel to theoretical and musical learning.

“It is considered a benefit that the self-experience-training is integrated in an academic culture and the experiences from the self-development processes are involved in the understanding and the communication of psychological and music therapeutic theories and music therapy methodology” (Wigram et al., 2002, author translation from Danish; Bonde et al., 2001, p. 256).

⁷ An overview of the structure of all study elements of the training programme (2009) can be found in Appendix I p. 373-377, as well as an overview of the subjects of the programme that are related to the concept of experiential training. (Update: <http://www.mt-uddannelsen.aau.dk/>)

The music therapy programme in Aalborg basically consists of three parallel tracks: the theory track, the music track and the therapy track. These parallel tracks are weaved together in the educational process of the students to optimise the possibility of integrating the three forms of learning.

The experiential music therapy training develops progressively, from the students being in the client role to the students alternating between the client role and the therapist role in systematic training, where the students are the subjects of learning processes for one another (group leading and inter-therapy). In the first, second and third semesters, the students are in the client role in group music therapy. The course is completed with a report from each student, in which the student describes and reflects on the learning process of the group therapy.

After the years of self-experience training with a professional therapist or music therapist as the “experiential teacher”, the training goes into a new phase, characterised by the student’s acquisition of therapeutic skills and becoming gradually acquainted with the role of a therapist. Thus in the third year of training, the students participate in a group therapy training format (clinical group music therapy skills), where they role-play different client populations, in order to produce sessions that are like clinical situations. Alternately, the students take the responsibility as a therapist for the group. This training gives the students the opportunity to explore their growing music therapist identity and develops their group music therapy skills with a variety of clients (Wigram, 1996; Wigram et al., 1999). This kind of training is designated a part of the music track (see Appendix I p. 375).

In the fourth year (seventh and eighth semesters), the students continue their work as clients. In the seventh semester the student has a course of individual personal music therapy, which is also completed with a report. It is important to mention that the therapists of both group music therapy and individual music therapy are music therapists educated in Aalborg, but who have no other tasks at the university in relation to the students.⁸

⁸ The training consists of both group music therapy and group therapy without music, and in the latter case the therapist is not a music therapist. All employed therapists are formally authorised by the Danish Psychotherapy Association.

Running parallel to the individual therapy in the seventh semester is the course of “psychodynamic group leading”, in which the students are authentic clients in a group alternately lead by one of them, i.e., they shift roles every week, between being the therapist, being the client and being an observer of the processes. The students continue in the eighth semester with inter-therapy⁹, a process in which they work in pairs, taking turns being music therapists and clients under direct and follow-up supervision of each session. Also in the eighth semester, the students may participate in the Guided Imagery and Music Level 1 training (since 2006 an optional module), in which the students work with each other in dyads as both “guide” and “traveller”.

In the “Handbook for Students” (an official document on the programme’s website), it is emphasised that the personal music therapy is considered a place for self-development, and that the student must be prepared that this work can be very demanding, especially because it is closely combined with academic and musical training. As we shall see in a later chapter, research also supports this; personal therapy parallel to studying theory, attending lectures and training (musical) skills is very challenging (see section 3.5.1 p. 32).

Finally, the therapy track also includes three periods of practicum, starting with four weeks of observation practicum in the second semester. In the sixth semester, the students go to personally selected practicum placements one day a week, i.e., at institutions outside the university, and the ninth semester consists of a four-month full-time practicum. The practicum experiences are followed by individual and group supervision and constitute a very important part of the experience-oriented and practice-related learning of the Aalborg programme.

Therapeutic processes are always very personal and intimate. This is a fact that makes specific demands on the Aalborg programme: on the teachers, the therapists (ETMT teachers) and the students. Clear ethical rules and a respectful understanding of the processes around the training are necessary. In the professional field of music therapy, the same ethical sensitivity and awareness is needed.

⁹ The original term for this kind of training activity is Inter Music Therapy (IMT). Scheiby and Pedersen wrote a thorough article about the history and the developmental perspectives of IMT in 1999. They included case material from students’ processes and they included results from a qualitative questionnaire survey they administered, in which they asked professional music therapists how they had been able to use their experiences from inter-therapy. The answers presented in the article very positively illustrated that the respondents had learned a lot about being a music therapist and being a member of a relationship with the client.

As one of the “protectors” of the Aalborg programme, associate professor Søren Willert ¹⁰ suggests that a training course cannot provide students with an “ethical answer book” that once and for all explains ethics and prevents future improper use of the therapist position in relation to clients. But the programme can be conducive for the development of an ethical sensitivity and social awareness towards the local and concrete situations. According to Willert (2007b), this is exactly what the integrated practical training of self-experience contributes – in the Aalborg music therapy programme. However, I will return to the subjects of ethics in chapter 4 on design and research methods (p. 64).

2.7 Concluding thoughts leading to the review

The clinical track of the music therapy educational programme in Aalborg, with its strong emphasis on the experiential learning processes, has become an integrated part of the training; its aim is to create the possibility for learning processes that contribute to the development of the whole person. These processes are comparable with the accommodative processes of Piaget: they involve cognitive, emotional and behavioural changes in the learner. ¹¹

Music therapy is in many ways a non-traditional university area of study, since so much of the programme is based on facilitating the student’s personal developmental processes. The focus on non-propositional learning, on development of capacity for reflection and functional knowing, and the acknowledgement of competence as a phenomenon of great complexity represent obvious differences to many other programmes in the university.

The Danish philosopher Steen Wackerhausen (1993, 2004) advocates that in some professions learning and professional development must be closely connected to personal development:

...exactly in that situation where the professional knowledge is a part of the person, e.g., where understanding of a client happens due to one’s own existence – where feelings, experiences and resonance are given recognition and constitute knowledge. In this situation the professional learning and development are only possible if you put yourself

¹⁰ Willert was involved with the establishment of the music therapy programme in Aalborg.

¹¹ Assimilation and accommodation are the two complementary processes of learning described by Piaget, through which awareness of and information from the outside world is internalised. Although one may predominate at any one moment, they are inseparable and exist in a dialectical relationship (Kolb 1984).

on the line, are open, take part, are going through transformation etc. (Wackerhausen, 1993, p. 200, author translation).

In my opinion, the music therapy profession is included here. The *journey* or *pathway* is often used as a metaphor for the education and training phase of a music therapist. Students often feel transformed through the development of their music therapist identity; it is a subtle, personal learning process, different for each person, with each student moving through the training in his/her own unique way (Bunt & Hoskyns, 2002).

This way of viewing professional learning and acquisition of competence supports the idea that part of the learning and development of the therapist must be experiential. Furthermore, it points to the fact that the therapist must keep on learning and developing along with clients, when working in the professional field.

Watson (2005) describes how learning to become a music therapist involves processes of change. Student quotations from her article illustrate how the experiential training reaches into the most personal parts of their lives, and that these learning processes imply both joy and pain, bringing both creative progress and loss. Watson refers to American philosopher John Dewey (1938)¹² and Dewey's model of a spiralling learning-cycle in which the phase of reflection is very important for learning and development, and Watson argues that theories of learning, especially experiential learning, echo the process of therapy. This is not a surprise since therapy, after all, involves learning about oneself, Watson states.¹³ Watson concludes that the value of experiential learning is that it helps students to bring learning to life and thus learn "deeply". She points to the fact that very few research studies focus upon learning and student change, and very little has been written about student experiences during training. However, students' experiences can help teachers to think about and develop the ways in which the process of change can be supported. In this way, researching the students' experiences can bring learning, life and development to music therapy training (Watson, 2005).

¹² John Dewey (1938) *Experience and Education*. New York: Collier and Kappa Delta Pi

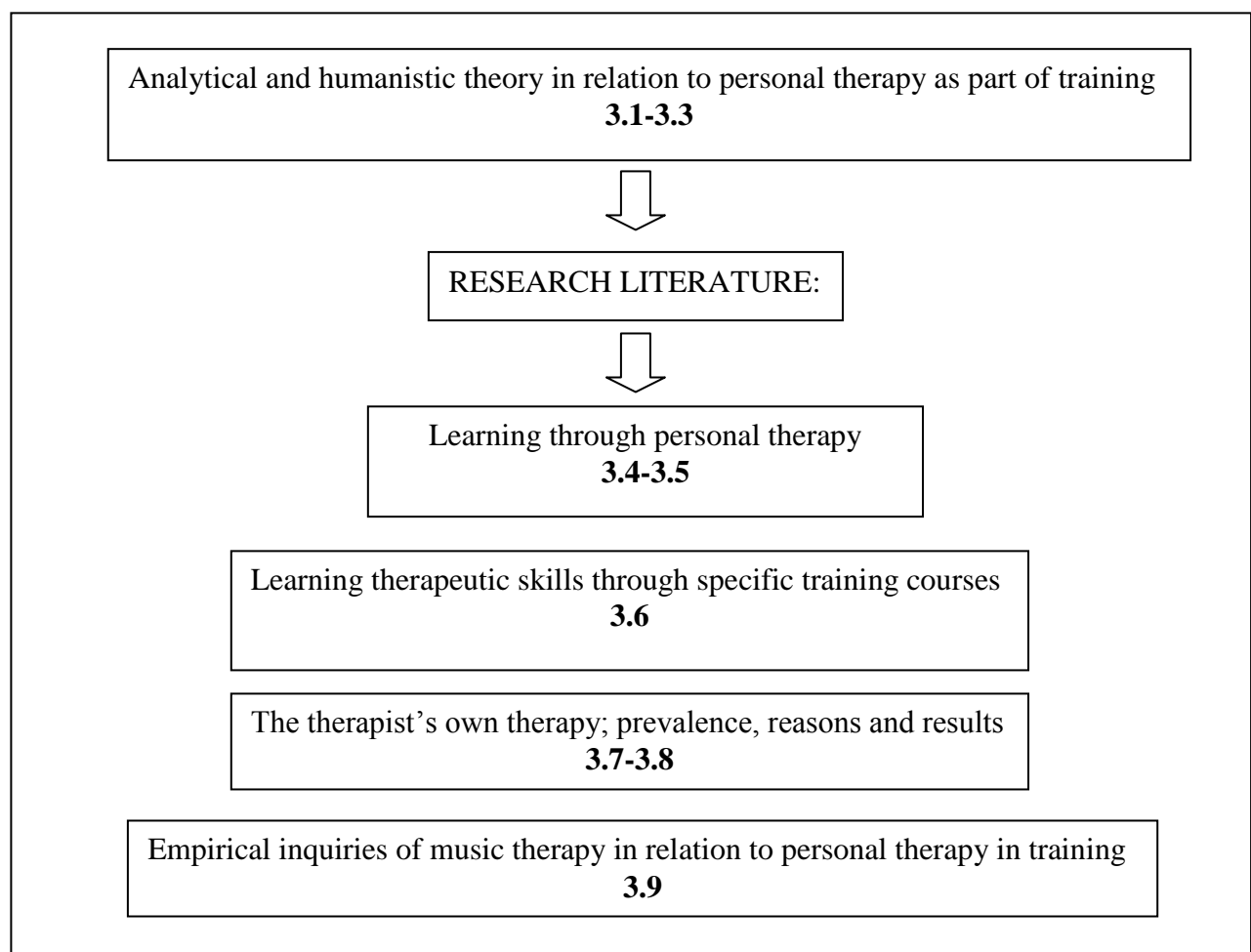
¹³ I will elaborate on concepts of learning in chapter 6, see p. 196ff.

With this background, we will move on to the literature review. The literature search did not identify many studies of self-experience in music therapy. Therefore I broadened the focus of the review. In this examination of the literature, I searched for research on experiential training across psychotherapies, and research concerning the personal therapy of professional therapists.

Chapter 3. Literature Review

In this chapter, I will present literature relevant to the theme of this study¹⁴. In the first section, I briefly describe analytical and humanistic theoretical orientations in relation to personal therapy (individual or group) as part of the therapist's training and professional life. Further, the chapter includes a review of the published research in the area of trainees' and therapists' views on and experiences with mandatory therapy in training, and secondly research concerning the evaluation of therapist's personal therapy.

A few studies examining music therapy in relation to experiential training are briefly described at the end of this chapter. Thus, the chapter is structured as illustrated below:



¹⁴ This chapter is based on a literature review conducted for my Elaborate Proposal from late in 2005 to the beginning of 2006. New relevant studies and literature will be mentioned in a section in the discussion in chapter nine (see p.309).

Knowing from the beginning that the specific research literature of interest was sparse, I first used the method of linking from one article or book to other relevant articles and books (chain searching). Thus, reviews of the reference sections of interesting, relevant articles and studies were the most important tool. I used my network inside music therapy to identify a few (unpublished) music therapy studies. I also searched the following databases: CAIRSS for music, PsycInfo, ERIC, Music Therapy World Database, PsycArticles, Pubmed and Scopus. As the search results presented below illustrate, I did not find any relevant studies within the field of music therapy¹⁵, therefore I examined research concerning psychotherapy to see what I could find there.

Table 3: Literature search for empirical studies in the PsycInfo database:

KEYWORDS	MUSIC THERAPY	PSYCHOTHERAPY
“self-experience”	1	9
+ “training”	0	3
“training”	42	239
+ “experiential”	0	9
“experiential learning”	0	8
“personal therapy”	0	190
+ “psychotherapists”	0	38

Note: The only reference associated with music therapy and “self-experience” was about musical improvisation and self-experience of both client and therapist in the clinical context, i.e., not a training issue.

¹⁵ Since I did the first literature search in 2005, a few new studies concerning music therapy training/self-experience have been published. I will include them in the discussion section, chapter nine (see p. 315-317).

Table 4: Literature search for research studies in the Scopus database:

KEYWORDS	MUSIC THERAPY	PSYCHOTHERAPY
“self-experience”	0	4 + “training”: 2 + “research”: 1
“experiential training”	0	0
“personal therapy”	0	7 + “research”: 6
“experiential learning”	2 + “research”: 2	45 + “training”: 16 + “research”: 12

Note: The two studies found in the field of music therapy with the keywords “experiential learning” were associated with “body, movement and dance in psychotherapy”, i.e., not a music therapy training issue.

3.1 The therapist’s personal therapy - the Freudian perspective

If we take a step outside the world of music therapy and look at the question of self-experience as an educational aspect of becoming a psychotherapist, the tradition going back to Freud is that the analysis of the candidate in training, known as the “training analysis”, was considered to be the most important component when training to become an analytical therapist (Hougaard, 2004).

According to Freud, the training analysis was in itself an education. Freud thought that no unanalysed person could possibly know how powerful and extensive the unconscious is. No ordinary education – that is no amount of book learning, supervision and discussion – is comparable to the immensity of the influence that the unconscious has over all of mental life (Lasky, 2005).

The Danish psychoanalyst professor Karen Vibeke Mortensen (1998) finds no reason to question the traditional model of training that consists of three parts: theory, personal therapy and supervision. The need for insight and the need for experiencing and acknowledging personal inner conflicts are still the reasons for personal therapy inside psychoanalytic education today. The aim is to avoid inappropriate countertransference, but today there is less focus on instinctual conflicts and more interest in the patterns of interpersonal relations into which the analysed therapist is liable to enter (Mortensen, 1998). An important purpose of the training analysis is to enable the

therapist to maintain neutrality in relationships with patients. When the candidate obtains insight into his/her own conflictual psychological material there is a better chance of avoiding mixing it up with the clients' psychological problems later. Even the most painful inner experiences can be of use later on, supporting the development of a deep empathic relation with the patients (Lasky, 2005).

Late in his career, Freud recommended that therapists take up their training analysis again periodically, to guard against the therapist's unconscious conflicts interfering with the work concerning the unconscious of the patient, i.e., countertransference (Hougaard, 2004).

In recent years, analytical therapy has developed, and changes have happened in the understanding of countertransference. Already in 1950, Paula Heimann evaluated the potential of the therapist's countertransference (Lindvang, 2002). Heimann emphasises the relation between two interacting persons in psychoanalysis, and she describes countertransference as a phenomenon that covers all the feelings and reactions that the therapist experience when working with the patient. In this understanding, the countertransference becomes an instrument in the exploration of the unconscious of the patient (Heimann 1950). This emotional sensitivity towards the inner world of the patient, and the increased acknowledgement of the therapist as a part of the relation and process, requires deep reflective work on the part of the therapist. This is an area that is thoroughly investigated inside music therapy by Professor Inge Nygaard Pedersen (Pedersen, 2006, 2007a). Training analysis or personal therapy is still relevant in modern psychoanalysis, since it is a basic task for the therapist to be extremely clear about the relational processes¹⁶ and sensitive about what information belongs to the patient and what belongs to the therapist him/herself. Through personal therapy, it is possible to keep expanding and enlarging insight and the list of developmental areas in principle is endless (Mortensen, 1998).

3.2 The therapist's personal therapy - the Jungian perspective

Personal analysis is also central for a Jungian analyst. According to Kirsch it was actually Jung who was the first to recognise the necessity of this training (Kirsch, 2005, p. 27). Jung described a collective level to the unconscious, which he believed contained creative potential, and thereby Freud's understanding of the unconscious was extended.

¹⁶ In the discussion in chapter nine I elaborate on a new orientation within psychoanalysis; "relational psycho-analysis" (see p. 321).

Kirsch refers to what Jung has stated that it is impossible to completely empty the unconscious because its creative powers are continually producing new formations (Kirsch, 2005, p.28). This is one of the several issues where Jung differs from Freud, who said, where there is unconscious, conscious shall be. It is also very important to note that Jung understood the unconscious as a creative potential in each human being, more than a place for psychopathological phenomena (Olsen & Vedfelt, 1992). At the same time, personal therapy for the Jungian therapist in many ways is comparable to psychoanalytic training analysis. Fordham, a Jungian analyst, encourages candidates to experience their own psychopathological states in their training analyses, because then they will be able to cope with them more readily when they face the same issues as analysts (Kirsch, 2005). It was Jung who stated that empathy from the supervisor may be sufficient in supporting supervisees through a life crisis, but more sophisticated skills are required to work with a supervisee whose personal therapy has not yet reached some of the depth that is revealed through the supervisee's work as a therapist with the client. According to Jung, the individuation and the personal development of the analyst are furthermore a central tool and the most important way to avoid being dragged into and manipulated by the resistances and transferences from the clients. Equally, trainees can learn through the training analysis to identify the parts of themselves that are healthy, not requiring analytic work, and serving as a source of strength (Vedfelt, 2002).

3.3 The therapist's personal therapy in humanistic therapy

With his "client-centred therapy", Carl Rogers had a strong influence on various experiential and phenomenological approaches. The experiential-humanistic tradition that Rogers was a part of is called "the third force" within therapy theory, following the analytical and the behaviouristic traditions.

The experiential-humanistic tradition includes several therapeutic approaches; however, they share a common set of concepts and values with two central aspects relating to the subject of self-experience in music therapy: 1) supporting immediate experience, and 2) highlighting the importance of the therapist's presence/authenticity.

3.3.1 The immediate or lived experience

Gestalt therapy has indeed influenced the experiential-humanistic focus on the immediate lived experience of the therapy process. In the session, the therapist seeks to produce and work directly

on important psychological themes. This experiential learning is assumed to lead to a richer, more useful learning (Elliott & Parthyka, 2005). The experiential-humanistic therapists hold that the client's experience in itself implies an emotional realisation that can lead to new ways of handling life outside therapy (Hougaard, 2004). This view also holds for the student who is learning to be an experiential-humanistic therapist; personal therapy is valuable when it facilitates personal growth in the context of a therapy that emphasises awareness of the immediate experience (Elliott & Parthyka, 2005). The concept of “anchored instruction” describes the experiential learning a student therapist gets when experiencing the client role. Later when working as a therapist, what was once learned through a lived experience is more easily retained.

3.3.2 The therapist's presence/authenticity

When discussing the topic of the therapist's personal therapy, it is important to examine the work of Carl Rogers. In 1957 he wrote his classic article “The necessary and sufficient conditions of therapeutic personality change”, in which he indicated and emphasised the need for the therapist's unconditional acceptance and unconditional positive regard, both concerning the client, as well as empathic understanding for the client. The “Rogerian conditions” have made an important contribution to the theory of psychotherapy across different schools. Today there is broad agreement that the attitude and contribution of the therapist is a central issue. But Rogers' original assumption, that these conditions are not only necessary, but also “sufficient”, is not supported in the same way in psychotherapy today (Hougaard, 2004).

The experiential-humanistic tradition has a positive view of the therapist's personal psychotherapy. A competent experiential therapist is expected to continue supporting his/her personal growth throughout his/her career, and to continuously provide the basis for genuineness and authenticity, since therapy with clients will always require more than technical mastery (Elliott & Parthyka, 2005).

According to Rogers, working as an experiential-humanistic therapist requires a lifetime of learning and a continuous process of “personal becoming”.

Rogers was very engaged in training psychotherapists and he developed a training course suitable for learning the facilitative conditions mentioned above, a topic to which I will return (see p. 33). But Rogers favoured relationship aspects over training therapists in specific behaviour, and he was the first to emphasise that the most effective learning of therapeutic skills occurs

experientially in the same type of facilitative environment as the patient-therapist relationship (Greenberg & Goldman, 1988). Elliott and Partyka (2005) refer to a focus group research study by Elliott et al. (2004), in which 20 former and current students' experiences on learning the process-experiential therapy were investigated. Specifically, "being in the client role" was frequently mentioned as a helpful component in their learning process.

The music therapy training programme in Aalborg is clearly influenced by theories pertaining to both analytical and existential-humanistic therapy. The self-experiential part of the programme focuses on both work with personal inner conflicts as well as interpersonal relations (analytical and psychodynamic perspectives) and on supporting the growth potential and personal development of the student therapist (the humanistic perspective). The Jungian understanding of the unconscious as containing creative potential, and the understanding of the therapist's individuation process are also in line with the purpose of self-experiential training; the student is expected to explore his/her unconscious through music to develop insight into conflict patterns as well as to develop contact with and awareness of personal creative resources.

3.4 The limited research

With this theoretical introduction complete, the remainder of the chapter will present a variety of research studies. I start with the area of therapists' training and continue with research in the area of professional therapists' personal therapy.

Our knowledge about *what* it takes to become a well-educated psychotherapist is limited. Training and education are difficult areas to evaluate empirically due to the complexity of many interacting elements (Mortensen, 1998, p. 231).

The studies of the value of psychotherapists' training background introduces one more link in the chain of problems that are tied to traditional research in psychotherapy, involving therefore three links: 1) the influence of the training 2) on the therapist and thereafter 3) on the therapist's clients. Hougaard (2004) concludes that research on the training of psychotherapists is relatively neglected and that the available research does not convincingly document the value of therapists' education. In view of the fact that it is hard to prove the effects of psychotherapy in and of itself, the modest research can hardly be a surprise (Hougaard, 2004, p. 121).

In the following (section 3.5), I will describe a few studies (2 surveys and 2 interview studies) on how therapists view and evaluate personal therapy as a mandatory part of training, and thereafter I will describe some of the studies that are concerned with learning specific therapeutic skills (section 3.6).

3.5 Trainees' and therapists' views on and experiences of mandatory therapy

In a survey conducted by Pope and Tabachnick (1994) of 800 American psychologists (with a return rate of 59.5%), a substantial majority (70%) believed that therapy should be a requirement of graduate programmes. It was a surprising finding, especially in light of the fact that only 13% had been required by their graduate programmes to enter therapy (84% of the participants in this survey had entered personal therapy). According to Pope and Tabachnick, these beliefs probably reflect participants' experience-based views that therapy most often produces important benefits, and that the self-awareness that appears to be the most frequently mentioned benefit of therapy may enable therapists to better handle self-disclosure, self-expression, boundary issues etc. (Pope & Tabachnick, 1994).

Macaskill and Macaskill (1992) surveyed the personal therapy experiences of UK psychotherapy trainees and twenty-five of these trainees (93%) returned the questionnaire: 87% reported that their personal therapy had a moderate to very positive effect on both their work with clients and in their personal lives. Positive effects included increased self-awareness, increased self-esteem and reductions in symptoms. No trainees reported purely negative outcomes for their therapy, but 38% reported some negative effects from their therapy. The main negative effects were psychological distress (reported by seven trainees) and marital or family stress (reported by three trainees). The authors suggest that the overall very positive changes reported in the study frequently (51%) accompanied by psychological distress confirm the old adage that "there's no gain without pain". The authors emphasise that any conclusions have to be drawn very cautiously in this type of study, i.e., a consumer-based evaluation with a relatively small sample size (Macaskill & Macaskill, 1992).

Grimmer and Tribe (2001) carried out a qualitative study with recently qualified- and trainee counselling psychologists. Through interviews they investigated the 14 participants' (7 from each

group) opinions as to the impact of mandatory personal therapy on their professional development.

Analyses of the interview data indicated four core categories of experience:

1) **Reflection** on being in the role of the client: the participants believed that they obtained a greater understanding of the therapeutic processes of their clients and they also reported negative experiences from being in the client position – therapeutic interventions which they then endeavoured not to replicate in their own practices.

2) **Socialisation** experiences: the participants experienced personal therapy as part of a rite of passage into the professional role. Their experiences occurred in two ways; experiences of modelling (witnessing expert practice) and validation of therapy (coming to trust the therapeutic process).

3) **Support** for the emerging professional: participants described personal therapy as providing support in that it allowed them to make disclosures in a safe environment; thus personal therapy was used as an explicit form of stress management, a privileged time away from pressures. (However, as mentioned elsewhere, disclosure could also be hindered by a fear, at least in the beginning, that if one's personal material became known it might disqualify one as a suitable person to become a therapist.)

4) **Interactions** between personal and professional development: even when participants initially attended the mandatory therapy without a presenting problem, personal development was perceived as an extremely important component of the therapy. In terms of the contribution to professional development, participants cited, e.g., several effects of being able to distinguish between their personal issues and those of their clients.

The results of the research by Grimmer and Tribe seem to indicate that mandatory personal therapy does lead to a perceived range of positive outcomes for the participants in terms of professional development, although by no means the same outcomes for each participant.

D. Murphy (2005) did a similar study, partly with the intention of replicating the work by Grimmer and Tribe (2001), to add to the relatively small amount of studies and literature within the field. Murphy used an in-depth, semi-structured group interview with five students in a Master's degree programme in counselling, to explore the experience of mandatory personal therapy as part of the programme and how this affects professional practice as a counsellor. In the

analysis, nine core categories emerged from the data. Secondary analysis of these categories revealed four key processes: reflexivity, growth, authentication and prolongation.

- 1) **Reflexivity:** all participants had experienced that personal issues emerged during the counselling training, and that personal therapy was a useful way to work through this unresolved material. The reflexivity phase consisted of realising and acknowledging the influence of personal issues.
- 2) **Growth:** the participants reported that the development of self-awareness and the ability to connect with oneself through personal therapy had developed their empathic understanding; they experienced that to be effective as a counsellor requires holding particular attitudes to the self and others. The growth phase consisted of understanding aspects of self and others.
- 3) **Authentication:** the participants found that their personal therapy offered a confirmation of the self as a valid tool for practice, and that the experience of therapy “on their own body” validated the therapeutic approach as an effective psychological intervention. Also aspects of role modelling were important in relation to authentication. The authentication phase consisted of matching inner and outer experiences.
- 4) **Prolongation:** the participants held the belief that more and longer term personal therapy would be useful as a part of ongoing professional development. It is essential to keep oneself fit to practise, and personal therapy is one way of doing that.

These findings support the work of Grimmer and Tribe (2001) mentioned above. Both studies suggest that personal therapy can support the development of reflexivity, which is essential to good practice. And the proposal of Grimmer and Tribe that the therapist as client goes through a process of socialisation by validation is similar to the authentication phase that is one of the categories in Murphy’s study. The findings described above are presented by Murphy in terms of a model illustrating how therapy can be of use to trainees, and he suggests that the model, as a tentative proposal of how to describe some of the processes involved, could go some way to satisfying the need for evidence when trainees are asked to undergo personal therapy as part of their education.

3.5.1 Personal therapy can be a burden for the student-therapist

It is apparent from the literature that despite the positive qualities of personal therapy, it can also be a major burden for therapists undergoing training (Macran & Shapiro, 1998). When

inexperienced therapists or students are in therapy and treating others at the same time, their therapeutic skills are likely to suffer. One explanation offered is that awareness of previously repressed inner feelings during personal therapy may cause the trainees more difficulty being empathetic towards his/her patients (Glass, 1986). Thus it has been suggested that personal therapy in the early stages of training can have a negative effect on client outcome because the trainee becomes preoccupied with his/her own personal emotional turmoil (Greenberg & Staller, 1981).

In the survey by Macaskill and Macaskill (1992), nine trainees (38%) reported therapy as having some negative effect. Fifty percent of the sample (12 trainees) reported that financial costs and time constraints were a substantial stress in relation to personal therapy, but indicated they did not feel this was necessarily a negative effect. It is important to remember that research studies of the negative effects on trainees and their clients are limited in number, rather old and have small samples.

Grimmer and Tribe (2001) state that whilst voluntarily undertaken personal therapy is strongly supported, there are concerns in relation to mandatory therapy, e.g., that the lack of choice militates against its potential efficacy and also the uncovering of difficult material can reduce the effective participation of the student in other areas of the course.

3.6 Learning specific therapeutic skills in training courses

Carl Rogers (1957) was one of the first psychotherapists to focus empirically on psychotherapeutic education. He did an intensive investigation of the process of psychotherapy (listening to tape-recordings), and he developed a clear formula for specific therapeutic behaviours that were likely to facilitate the client's change. On the basis of this work, he developed a training course suitable for learning the facilitative conditions: empathic understanding, unconditional positive regard and congruence/genuineness (Rogers, 1957; Hougaard, 2004; Matarazzo & Patterson, 1986). Experiential therapy represented by the work of Rogers fostered a great body of research on the training of therapists in the skills, attitudes and behaviours necessary to create highly facilitative conditions.

Hougaard refers to Truax and Carkhuff¹⁷ who criticised traditional therapy education, suggesting that it focused too much on theory and the pathology of the patient (Hougaard, 2004, p. 139). They developed Carl Rogers' ideas and created a didactic-experiential therapeutic training-programme with a focus on the development of relational competencies of the therapists. Studies were conducted to determine the effectiveness of the training and Truax and Carkhuff concluded that 100 hours of training, which were specifically directed toward teaching the Rogerian facilitative conditions, could bring the performance of students and lay personnel to a level similar to that of an experienced therapist.

Further Hougaard (2004) refers to Ivey¹⁸ who also developed a training programme that attempted to teach specific counselling skills in a brief period of time (Hougaard, 2004, p. 140). It took between one and two hours to learn each skill, and the micro-counselling training programme focused on three basic skills: attentiveness, accurate reflection and summarisation of feeling (Greenberg & Goldman, 1988). In several studies, Ivey and his colleagues demonstrate that these skills can be taught effectively through teaching, modelling and practice. The vast majority of research studies on micro-counselling training report a significant treatment effect (Matarazzo & Patterson, 1986).

According to Hougaard (2004), Lambert and Ogles¹⁹ conclude on the basis of their review that systematic training programmes, like the ones mentioned above, generally obtain greater interpersonal skills for the participants than "traditional supervision" does. Moreover they state that simple skills can be taught relatively quickly through instruction, modelling, feedback and practice, whereas the more complex skills need more time and require more thorough modelling. This is why they recommend that very specific programmes (like Ivey's) are most relevant at the beginning of educational programmes (Hougaard, 2004, p. 141). Matarazzo and Patterson (1986) state that research results in the area of education are not consistent in indicating which exact sequences of training is best for trainees at a given level of experience.

¹⁷ Truax, C. B. & Carkhuff, R.R. (1967) *Toward effective counseling and psychotherapy: Training and practice*. Chicago: Aldine.

¹⁸ Ivey, A.E. et al. (1968) *Microcounselling and the attending behaviour: An approach to prepracticum counselor training*. Journal of Counselling Psychology. Monograph supplement, 15(5), 1-12.

¹⁹ Lambert, M.J. & Ogles, B.M. (1997) *The effectiveness of psychotherapy supervision*. In: M.J. Lambert (ed), *Handbook of psychotherapysupervision* (pp. 421-446) New York: Wiley & Sons.

In a study from Sweden (Olsson, 1996), psychotherapists in training assessed their own therapeutic skills. They evaluated themselves both in the beginning and at the end of their education. In the end they assessed both their actual level and they assessed how their skills were in the beginning from a retrospective point of view. Most interestingly, the students considered themselves as rather competent in the beginning of training, while at the end of the course they remembered themselves as incompetent and insecure. Olsson interprets this result as an expression of unbalanced self-esteem, which is necessary for learning to take place.

According to Olsson, it is also likely that the students develop their personal insight and the ability to be more reflective with a more realistic view of themselves; they evaluate their previous professional self from a new perspective. Olsson concludes that the personal growth during training to become a therapist hardly happens without identity conflicts in which the student calls into question both the personal and the professional self as it was before (Olsson, 1996, p. 265).

Empathic communication is generally regarded as one of the most fundamental competencies in therapeutic work with clients. Nerdrum and Lundquist (1995) conducted a controlled outcome study with a group of social worker students. One group participated in a 3-month course of intensive communication skills training and was compared to a group of students following the ordinary course of study. The analysis showed that students who participated in the skills training programme increased their level of empathic communication significantly.

There is a current debate concerning whether empathic communication can be regarded as a skill to develop through training. Holm (1985²⁰, in Holm, 2001) is critical of training empathy as a skill; she argues that empathy is deeply rooted in personality dimensions, and that skill training therefore does not reach the genuine personal factors in students. She criticises the skills training programmes' focus on the verbal-behavioural level, i.e., trying to shape the therapist's way of acting (practicing) at a superficial level. She states that there is research missing that compares the effects of those education programmes that emphasise the training of isolated skills and those that aim at increasing a deeper empathic understanding through developmental processes of the student's personality (Holm, 2001).

²⁰ Holm, U. (1985) *Empati i läkare-patientrelationen. En teoretisk og empirisk analys*. Dissertation for PhD. Uppsala University.

Moreover, Greenberg and Goldman have contributed to the discussion regarding training the “whole person” versus training in specific therapeutic skills. They indicate that experiential training leading to personal change and the growth of the student is highly important, since it gives the trainee an essential experience of how an experiential transformation process works (Greenberg & Goldman, 1988).

3.6.1 Comments on therapeutic manuals in therapists’ training

In the efforts to standardise the therapeutic variables within psychotherapeutic research, therapeutic manuals have gained ground in recent decades. Therapeutic manuals have been developed inside many different therapeutic schools.²¹ The manuals are welcomed inside the area of psychotherapeutic training, and one of the reasons is that manuals can build a bridge between research and practice (Hougaard, 2004, p. 144).

There are many divergent opinions about the use of manuals in training and in psychotherapy. Some of the studies conducted in this area give limited support to the assumption that psychotherapy based on manuals can help the development of specific methodological skills for therapists. Binder (1993) propose that therapeutic manuals grasp the *form* of psychotherapy but not the *substance*, and that the manuals do not assist in the development of essential interpersonal skills. Furthermore, studies have shown that following the manual too much, i.e., according to the rules, can lead to problems in the therapeutic alliance (Hougaard, 2004, p. 154). However, the use of manuals is considered necessary in controlled studies of psychotherapy research, with the purpose of controlling the many independent, potentially confounding variables.

Learning through therapeutic manuals is very far from learning through self-experience and personal therapy. The decisive lesson taken by practicing clinicians from their personal treatment often concerns the importance of the therapeutic relationship and the centrality of nurturing interpersonal skills (Wiseman & Scheffler, 2001, p.140). *If* the therapist eventually uses different

²¹ I am not aware of manuals used in conjunction with music therapy, but we do have detailed descriptions of methods and techniques e.g.; Wigram, T. (2004). *Improvisation. methods and techniques for music therapy clinicians, educators and students*. Jessica Kingsley Publishers. Baker, F., & Wigram, T. (Eds.). (2005). *Songwriting. methods, techniques and clinical applications for music therapy clinicians, educators and students*. Jessica Kingsley Publishers.

manuals when working actively with clients, personal therapy is a very important basic, since the manuals do not teach the therapist the necessary interpersonal and relational skills. Then the therapist can suggest a special technique with a specific procedure, but always with the ability to safeguard the therapeutic alliance, and thus avoid a non-flexible following of a manual.

Wiseman and Shefler (2001), who studied the impact of personal therapy on the professional and personal development of experienced psychotherapists, conclude: “Personal therapy is perceived not only as an essential part of the training phase, but playing an important role in the therapist’s ongoing process of individuation and in the development of the ability to use the self, to achieve moment-to-moment authentic relatedness with one’s clients” (Wiseman & Shefler, 2001, p. 140).

I now leave the subject of personal therapy (self-experience) inside training, and continue the review with an examination of professional therapists’ personal therapy.

3.7 Published research concerning therapists’ personal therapy

In this section, I will review research related to the topic of personal therapy among therapists. Here it is relevant to include research concerning psychotherapists and health care professionals, i.e., colleagues with backgrounds in various disciplines. The empirical research concerning professional psychotherapist’s personal psychotherapy provides some interesting findings. Although the research in this area is not very extensive, it nevertheless is inspiring and leads later to topics for discussion.

Almost all studies in this area focus on psychotherapists in America. Most of them are from the 1970s and 1980s, with a few more recent studies (e.g., Holzman, Seawright & Hughes, 1996 (mentioned in Norcross & Guy 2005, p. 175 ²²); Norcross, Geller & Kurzawa, 2000). However, one international study (Orlinsky & Rønnestad, 2005), including more than 5000 therapists from various theoretical traditions and representing 14 countries, conducted by the Collaborative Research Network (CRN) of the Society for Psychotherapy, is also presented in this section. This study was initiated in 1989 and a part of it is reported by Orlinsky and colleagues in the book “The Psychotherapist’s own Psychotherapy” (Geller, Norcross & Orlinsky, 2005, p. 177 ff.). The

²² Holzman, L. A., Seairight, H. R., & Hughes, H. M. (1996) *Clinical psychology graduate students and personal psychotherapy: Results of an exploratory survey*. Professional Psychology Research and Practice, 27, p. 98-101.

CRN study, like a majority of the studies, is based on a survey of therapists' self-report responses to a questionnaire. A few of the studies reviewed here are based on interviews with therapists (Macran, Stiles & Smith 1999; Wiseman & Shefler, 2001), and several are experimental studies (Strupp, 1958; MacDevitt, 1987).

The following is composed of three sections:

- Studies that outline the *prevalence* of personal therapy among psychotherapists (3.7.1).
- Studies that illustrate *reasons* for psychotherapists to enter psychotherapy (3.7.2).
- Studies reporting on *outcomes and professional impact* of psychotherapists' personal therapy (3.7.3).

3.7.1 The prevalence of personal therapy among psychotherapists

How many seek personal therapy?

A vast majority of mental health professionals both in the United States and in many countries throughout Europe and elsewhere seek personal therapy once or several times during their careers as therapists. According to 14 different studies from America, the mean percentages of therapists in therapy cluster around 72% to 75% (Geller et al., 2005, p. 168).²³

In a survey conducted by Norcross, Strausser-Kirtland and Missar (1988), 710 psychotherapists with different educational backgrounds responded to a questionnaire, with a response rate of 50%; 71% reported at least one period of personal treatment. In a more recent study with more than 5000 therapists (Orlinsky et al., 2005), the percentage is even higher: 88.3% of the American therapists had sought personal therapy. In the recent study conducted by Orlinsky et al., the rates of therapists seeking personal therapy is more than 90% for five countries (Denmark is one of them).²⁴

²³ It is important to note that there is a possibility of response bias; the response rate in these 14 studies is not always high, from 34% to 81%, and we cannot be sure if those therapists who do not seek personal therapy are underrepresented.

²⁴ In this international survey the data on personal therapy are only one part of the questionnaire: the Development of Psychotherapists Common Core Questionnaire (DPCCQ). Taking into account the possible bias noted for some of the surveys, it might be that psychotherapists whose personal history and theoretical orientation lead them to seek personal therapy more frequently will respond and participate in the inquiry; this could not be the case with the DPCCQ, since the title and the introductory material do not indicate the topic of personal therapy. Orlinsky suspects

It is striking that the prevalence of personal therapy among psychologists is almost exactly the same in two studies with 17 years between them: 75% psychologists sought therapy in 1973 (Henry, Sims & Spray, 1973) and 75% of psychologists sought therapy in 1988 (Norcross, Strausser-Kirtland & Missar, 1988), as reported in Geller et al. (2005).

The prevalence as a function of theoretical orientation:

Five of the American studies reveal that the prevalence of personal therapy varies in relation to theoretical orientation. The clearest result is that the insight-oriented (psychoanalytic and psychodynamic) psychotherapists seek personal therapy more frequently than do the cognitive-behavioural therapists. In the former group, the prevalence is between 82% and 97%, and in the latter it is between 47% and 78% (Pope & Tabachnick, 1994; Norcross & Guy 2005; Orlinsky et al., 2005b). According to Norcross et al. (1988, p. 39), 58% of the humanistic therapists, 67% of the Rogerian, 85% of the systemic and 62% of the eclectic therapists had at least one personal treatment experience. In the other studies mentioned above, the results concerning these different orientations varies. The most consistent difference is found between the psychoanalytic and the behavioural therapists.

In the international study by Orlinsky et al. (2005b, p. 187), there are some clear differences between countries. For example, the cognitive-behavioural therapists had the lowest rate of personal therapy in Portugal and Spain (20% and 33%), but the therapists of this orientation living in Switzerland and the United States had a rate of 88% and 78% respectively.

In conclusion, the theoretical orientation of the therapist influences the likelihood of seeking personal therapy. But it is also obvious that personal therapy is a very common experience among psychotherapists of all orientations.

Length of therapy: Most studies collect their data in different ways, making it hard to compare their findings, but in the following I will briefly highlight some of the relevant results about the length of treatment, as well as the kinds of therapy the therapists seek, etc.

that their findings rather may be biased towards therapists who believe in the value of empirical research (Orlinsky et al., 2005b, p. 179).

Concerning the length of the treatment, there is a large standard deviation in several studies due to the fact that some therapists report only a few hours and some report thousands of sessions. Thus the median in one study was 150 hours while the mean was 370 hours (Norcross, Geller & Kurzawa, 2000).

There are some differences in mean length and personal therapy related to theoretical orientation; psychoanalysis reporting the lengthiest and behavioural therapy the briefest. For example, in a study by Guy, Stark and Poelstra (1988), the therapist's choice of a psychodynamic therapist for his or her own therapy, is associated with the lengthiest therapy.

Several studies indicate that the personal therapy of therapists is frequently lengthy, intensive work, with a mean range of more than a hundred therapy hours (Norcross & Guy, 2005).

Furthermore several studies reveal that many therapists seek therapy more than once. Norcross et al. (2000) report that 32% of psychologists sought therapy once, 32% twice, and 22% three times, and the remaining 14% sought therapy four or more times.

What kind of therapy?

Individual therapy is the preferred form of therapy. In one study, 80% of the psychotherapists reported *individual* treatment (Norcross, Strausser-Kirtland & Missar, 1988), and in two other studies (Guy, Stark & Poelstra, 1988; Norcross et al., 2000) 96% of the informants reported having entered individual therapy at least one of the times they sought therapy.

When therapists select a therapist for themselves, they look first and foremost for one whom they think is professionally competent based on general reputation and colleagues' recommendations. (Norcross & Grunebaum, 2005). In a survey from Norcross, Strausser and Faltus (1988), 500 psychologists rated the influence of 16 different factors when they selected their therapists. The four top-criteria, with an average rating of at least 4 on a five-point-scale, were "competence", "clinical experience", "professional reputation", and "warmth and caring". "Openness" was rated with an average of 3.61 points and was the fifth criterion. Research productivity ended up ranked as the last criteria; it was almost rated as "not important at all" with only 1.48 on the scale! The results from this study correspond to some of the therapist qualities that are central to a positive outcome in the therapy treatment that psychotherapists' offer.

The theoretical orientation of the therapist's therapist has also been studied. The most common choice, regardless of the therapists' orientation, is the psychoanalytic or psychodynamic approach (Liaboe et al., 1989). Norcross and Grunebaum (2005) refer to a study conducted by Norcross and Prochaska²⁵ in which they found that the vast majority of behavioural therapists did not choose behavioural treatment for their personal therapy. Instead, psychoanalytic, psychodynamic, eclectic and existential-humanistic therapies were chosen. Norcross et al. (1988) found that less than 10% of therapists who seek therapy choose behavioural treatment for themselves. Norcross and Grunebaum (2005) suggest that this might be due to the fact that most therapists *function* relatively well. Probably there are many therapists who seek the psychodynamic system of psychotherapy because they can greatly profit from the intensive self-exploration. Increased awareness and personal understanding are generally highly valued goals for a therapist's personal therapy, as documented by Buckley, Karasu and Charles (1986). Symptom alleviation per se was rated the least important of all outcome measures in this study of psychotherapists' treatment experiences (Norcross & Grunebaum, 2005, p. 209). In the following, the reasons for seeking psychotherapy are further explored.

3.7.2 Reasons for psychotherapists to enter personal therapy

Research has shown that the prevalence of personal therapy among therapists from all professional backgrounds is high, and compared to the prevalence of therapy among the general public of the United States it is about 50% higher (Norcross & Guy, 2005, p.166). The fact that psychotherapists are very enthusiastic about utilising what they provide themselves could be due to external circumstances, e.g., requirements from educational programmes that the therapist must undergo personal therapy as a part of their training. But if training requirements were one of the reasons, it would be illustrated in the statistics, with a very high rate among the novices and with a decrease at later career levels, but this is not the case. On the contrary, recent studies indicate that there is an increasing utilisation of personal therapy parallel to the increasing experience of the therapist (Orlinsky et al., 2005b).

The research studies in this area point in a direction other than to external requirements. It is the personal lives of the therapists that are central. In several studies the therapists were asked about their primary reasons for entering psychotherapy, and the majority (50% to 67%) answered that it

²⁵ Norcross, J. C. & Prochaska, J. O. (1984) *Where do behavior and other therapists take their troubles?* Behaviour Therapist, 7, 26-27

was largely for personal reasons. Between 10% and 35% replied that it was due to training or professional purposes (Kelly et al., 1978; Prochaska & Norcross, 1983; Norcross, Strausser-Kirtland & Missar, 1988).

In the international CRN study (Orlinsky et al., 2005b), almost 4000 therapists reported reasons for their first (or only) episode of personal therapy: 60% reported personal growth, 56% reported personal problems and 46% reported professional training (this adds to more than 100% because multiple reasons could be checked). This indicates there is also a positive aspect to therapists' motivation for therapy; personal growth, self-improvement and enrichment. Liaboe et al. (1989) investigated whether psychotherapists seek personal therapy after they have completed their formal training. They surveyed a randomised sample of 232 subjects. The findings indicated that a significantly higher percentage of psychotherapists enter personal therapy than do not. The data also led to the conclusion that psychotherapists seek personal therapy most often as a result of awareness of their internal processes, i.e., in response to a personal growth process and not in response to some external factor or stressful event.

Norcross et al. (1988) surveyed 710 American psychotherapists to explore the processes and outcomes of their personal therapy. They report that about 70% of therapists in their sample had sought therapy on more than one occasion, and they found that 55% entered the personal therapy for personal reasons, 10% answered that it was largely for training reasons, and the last 35% reported that they entered therapy for both personal and professional reasons. The authors state that this result replicates the result of some earlier studies from Kelly et al. (1978) and from Henry et al. (1971). The participants were also provided space in the questionnaire where they could describe briefly the presenting issue/problems for the therapy. Ninety-two percent of the respondents did write something, and the responses were coded into 49 categories. The findings indicate that the most common reasons for therapists seeking therapy were marital difficulties (20% of the responses), depression (13%) and anxiety (12%).

The studies presented here lead to the conclusion that a majority of the therapists who seek personal therapy have personal incentives to do this. The presenting problems seem to be similar to those of the general population who seek personal therapy. Therapists are normal human beings, they experience loss, they go through developmental stages, struggle with the same

existential questions etc. But the research also points to a general reason that has to do with the personal awareness of the therapist. The therapists do what they preach; they reach out and seek help in their personal processes of crisis or growth. Professional and private life is intertwined for many therapists, and seen from a positive point of view; with the benefits of personal therapy, the therapist will be supported and empowered to manage professional challenges.

Reviewing the literature, the personal benefits from personal therapy are clearly linked to professional issues. Rationales for entering personal therapy for therapists are recurring and listed in similar ways in the literature (Norcross et al., 1988; Guy, 1987; Macaskill, 1988; Macran & Shapiro, 1998; Grimmer & Tribe, 2001; Geller et al., 2005).

Norcross, Strausser-Kirtland and Missar (1988), reviewing a number of earlier sources, formulate the reasons in the following way (p. 36-37):

1. Personal treatment improves the emotional and mental functioning of the psychotherapist: it makes the clinician's life less neurotic and more gratifying in a profession where one's personal health is an indispensable foundation.
2. Personal treatment provides the therapist-client with a more complete understanding of personal dynamics, interpersonal elicitations and conflictual issues: the therapist will thereby conduct treatment with clearer perceptions, less contaminated reactions, and reduced countertransference potential.
3. Personal treatment alleviates the emotional stresses and burdens inherent in the "impossible profession" – it enables practitioners to deal more successfully with special problems imposed by the craft.
4. Personal treatment serves as a profound socialisation experience – it establishes a sense of conviction about the validity of psychotherapy, demonstrates its transformational power in their personal lives, and facilitates the internalisation of the healer role.
5. Personal treatment places therapists in the role of the client and thus sensitises them to the interpersonal reactions and needs of their clients and increases respect for their patients' struggles (facilitates the development of empathy).
6. Personal treatment provides a first-hand, intensive opportunity to observe clinical methods – the therapist's therapist models interpersonal and technical skills.

It is possible to conclude on the basis of existing research that personal therapy for a therapist is likely to be of benefit in several respects, but it is not possible to deduce from this that a certain amount of personal therapy will always produce a better therapist. There seem to be enough good reasons though for incorporating personal therapy into therapist training (Macran & Shapiro, 1998). In the next section I will present outcome studies in the area of personal therapy.

3.7.3 The outcome of psychotherapists' personal therapy

The intensive use of personal therapy among psychotherapists and the ongoing debate concerning the usefulness of personal therapy has not lead many researchers to investigate the topic. There has been relatively little research to evaluate the outcomes of personal therapy or to investigate and generate understanding of how personal therapy affects practice, e.g., the existing research does *not* reliably demonstrate that personal therapy leads to better outcomes with clients. In the following I will review research concerning personal outcomes for the therapists, both positive and negative. Thereafter I present studies relating to the clinical effectiveness measured concerning client outcome, and lastly some studies that examine the professional impact of personal therapy will be reviewed.

Personal outcomes, positive:

Surveys in which a relatively large sample of therapists has been asked a series of questions regarding their opinions of and experiences with personal therapy are the most common method used in this area. In a number of studies, therapists reported outcomes for their personal therapy (Buckley et al., 1981; Henry et al., 1971; Liaboe et al., 1989; Norcross et al., 1988; Pope & Tabachnick, 1994). The self-reported outcomes were consistently positive across these studies, with 90% or more reporting that their personal therapy was helpful or effective. However, in one study (Henry et al., 1971, reported in Orlinsky et al., 2005c, p. 215) only 68% to 71% reported satisfaction with their personal treatment. In the international study CRN (Orlinsky et al., 2005c, p. 216), 3629 therapists from 14 different countries rated the value of their personal therapy on a 0-5 point scale. Seventy-two percent rated their treatment a 4 or 5 ("great" or "very great"). In the survey conducted by Norcross et al. (1988), over 90% of the 710 respondents reported significant improvement in terms of behaviour/symptomatology, cognition/insight, and emotion/relief as outcomes from their personal therapy. They also reported in their own words what lasting lessons they felt they had acquired concerning the practice of psychotherapy. Further, 684 responses from

the therapists were coded and the four most frequent response categories were defined and listed as follows: 1) Importance of the personal relationship, warmth and empathy, 2) Importance of transference/countertransference, 3) Need for more patience and tolerance; avoid labels and value judgments, and 4) Therapist's use of self is essential (Norcross et al., 1988, p. 41). These top four categories are all concerned with the interpersonal relationships and dynamics of psychotherapy.

Buckley et al. (1981) studied psychotherapists who had completed long-term personal therapy or analysis. Of the 96 psychotherapists surveyed, 71 (74%) completed the questionnaire and reported improvement in multiple areas. Ninety-four percent of the respondents reported improved self-esteem, 86% reported improved work function, to mention a few of the positive results. It was revealed that the non-specific factor "mutual liking" in the therapist variables was significantly correlated with the positive outcome categories.

In an experimental study, MacDevitt (1987) examined the relationship between personal therapy and professional self-awareness among clinical psychologists ($N = 185$). The therapists provided their professional reactions to 25 hypothetical psychotherapy situations. Each situation was described as a vignette and the therapy vignette was followed by five alternative responses. The therapists' task was to select the option they found closest to the way they would react as a therapist. The response the therapist chose measured the subject's preference for engaging in self-examination in order to resolve impasses and understand the client; i.e., one of the five options was a "self-awareness" option, and the other options were "seek-a-solution", "share-feelings-and-thoughts-with-client", "reassure-self" and "blame-the-client".

The results of the study indicate that awareness of countertransference issues is highly significant and positively related to the amount of therapy that a therapist has received, and multivariate analysis indicate that this relationship was independent of whether or not the therapist's background was psychoanalytic. MacDevitt concluded that these findings support the perception that personal therapy in some way affects a therapist's readiness for using self-awareness as a tool in therapy; referring to twelve studies, he stated that a therapist's awareness of countertransference reactions is viewed as essential for successful therapy outcomes.

Personal outcomes, negative:

A minority of therapists have also reported negative outcomes of their personal therapy. The negative outcomes hover between 1% and 10%, both in the big international survey CRN (Orlinsky & Rønnestad, 2005) and in several American studies (Liaboe et al., 1989; Norcross et al., 1988; Pope & Tabachnick, 1994). Although for the CRN study it must be noted that in all the countries, except one, less than 3% of the therapists rated “no personal benefit”. In some of the studies the therapists are asked if their personal therapy was harmful in any way. This question elicits that many therapists had harmful experiences: between 8% and 22% across four different studies (Orlinsky et al., 2005c).

In the study by Norcross et al. (1988), statistical analyses showed that the professional group of psychologists was more likely to report negative effects than other professions, and those who reported negative outcomes were more likely to have had younger therapists. Those respondents who reported harmful experiences indicated that the setting for therapy was a college/student health centre in 18% of the cases, in contrast to 4% of non-harmful therapy conducted in the same site. Norcross et al. (1988) state that considerable caution should be exercised in generalising these results based on small samples without independent cross-validation.

Grunebaum ²⁶(in Orlinsky et al., 2005c, p. 219) interviewed 47 psychotherapists who had experienced “harmful” personal psychotherapy. The two most frequently mentioned themes in relation to harmful experiences were distant and rigid therapists, and emotionally seductive therapists.

Pope and Tabachnik (1994) in their survey asked 800 psychologists (return rate of 59.5%) if their experiences with therapy were harmful in any way: 77.6% answered “not at all harmful”, but 9 therapists (2.3%) responded that their experiences were “very” or “exceptionally harmful”, and 20% answered “somewhat harmful”. The most frequently mentioned causes of harm were: “therapist’s sexual acts or attempted sexual acts with participant”, “therapist’s incompetence” and “sadistic or emotionally abusive therapist”.

²⁶ Grunebaum, H. (1986) *Harmful psychotherapy experiences*. American Journal of psychotherapy, 40, 165-176.

The reports of the negative outcomes and the factors that are mentioned as causing harm are basically similar to those deficiencies and abuses that are generally found to cause patients harm in psychotherapy (Orlinsky et al., 2005c).

Effects on client outcome:

As reviewed above, the majority of therapists feel they benefit from personal therapy, but most of the studies mentioned here did not report findings on patient outcomes among therapists who received personal therapy. Can the therapist who has undergone personal therapy empirically be shown to be more effective, in the sense that the client outcome is more successful?

Only a few studies try to answer this question and they are rather old; most of them are from the fifties, sixties and seventies. Several of them have very small samples and their designs have been criticised. Greenberg and Staller (1981), Clark (1986) and Macaskill (1988) have reviewed the same eight studies: Katz et al. (1958), Holt and Luborsky (1958), Derner (1960), McNair et al. (1963), McNair et al. (1964), Garfield & Bergin (1971), Kernberg (1973) and Strupp (1973).

In the following I will briefly describe these eight studies, based on the reviews of Greenberg and Staller (1981), Clark (1986) and Macaskill (1988).²⁷

Katz, Lorr and Rubinstein (1958) (*Remainer patients attributes and their relation to subsequent improvement in psychotherapy*) analysed 116 therapy cases seen at 13 Veterans Administration clinics. They found that there was no relation between the therapists having experienced personal therapy (or not) and the improvement of clients in analytically oriented therapy. But the study revealed that the therapists' years of experience positively influenced the clients' improvement. Holt and Luborsky (1958) (*Personality patterns of psychiatrists*) conducted a study of a large group of psychiatric therapists, and they found no relationship between how the supervisor evaluated the therapist's competencies in relation to clinical work with clients and whether the therapist had had any personal treatment.

Derner (1960) (*An interpersonal approach to training in psychotherapy*) came to a similar conclusion as Holt and Luborsky when comparing eight psychologists in training at a university clinic who were rated by supervisors as being the best therapists, with eight students rated as

²⁷ These eight studies are not mentioned in the literature list, except Kernberg (1973). But I mention the titles of the articles in brackets.

being the poorest. The staff judgement of the trainees' competencies was unrelated to whether the therapist had or had not undergone personal therapy.

McNair et al. (1963) (*Patient and therapist influences on quitting psychotherapy*) explored the factors that affected early termination in a weekly one-hour Rogerian or Freudian therapy of 282 patients. Terminators were defined as patients who refused or stopped therapy without the consent of their therapists less than 16 weeks after they began. Those therapists who had had personal therapy did not differ from the other therapists concerning the extent to which they had drop-outs in therapy.

McNair et al. (1964) (*A three-year follow-up of psychotherapy patients*) found in a 3-year follow up of psychiatric patients that there was no significant relation between the therapist's personal therapy and the patient's final status. The length of personal therapy was unrelated to outcome, but they noted that therapists with more therapy kept their patients longer.

Garfield and Bergin (1971) (*Personal therapy, outcome and some therapist variables*) found in their study that the therapist's amount of personal therapy was *negatively* related to client outcome. The clients of those therapists who had no personal therapy consistently demonstrated the greatest amount of change. These findings should be considered with caution, since the sample size was very small ($N = 18$); only four therapists were in the group of therapists with no therapy, and the 14 others were divided in two groups of 7, in proportion to how many hours of personal therapy they had. Only the treatment of 38 clients across the 18 therapists was evaluated. Garfield and Bergin reported a trend showing that inexperienced therapists achieved better results with clients if they were not undergoing personal therapy.

Strupp (1973) (*Psychotherapy: Clinical research and theoretical issues*) conducted a study with two different groups of therapists; one group of experienced analysts and one group that had no personal therapy. Based on questionnaires answered by the patients, Strupp found that the patients were equally satisfied with their therapy experiences 1-2 years after the treatment, irrespective of the therapist's personal therapy. Strupp also found that personal therapy may have some negative consequences for the patients of inexperienced therapists, if these therapists are themselves in therapy.

Kernberg (1973) (*Psychotherapy and psychoanalysis; final report of the Menninger Foundation's psychotherapy research project*) found in a quantitative study that therapists who had many years of experience and had completed analysis obtained better results in the form of greater patient improvement, than did those therapists who were inexperienced or still undergoing analysis. As

stated by Greenberg and Staller (1981), the study did not factor out the therapist's level of experience, therefore it is not possible to conclude whether the positive results are due to the personal analysis or the years of experience.

All three reviews (Greenberg & Staller, 1981; Clark, 1986; Macaskill, 1988) conclude that there is no clear evidence that either undergoing personal therapy or length of personal therapy can positively be related to various client outcomes, since only one of these studies suggested a positive outcome (Kernberg, 1973) and one found a negative outcome (Garfield & Bergin, 1971), whereas the rest found no significant effect.

Since these early studies, only a few client outcome studies have been undertaken. Greenspan and Kulish (1985) reported that therapists with a history of personal therapy had significantly lower rates of premature client termination than did therapists with no personal therapy history. This finding contradicts the McNair et al. (1963) study just mentioned above, which found that the personal therapy as a therapist variable had no effect on drop-out rates.

In a recent study in Sweden (Sandell et al., 2000), a negative correlation between the amount of personal therapy and client outcome was found. This correlation was especially present regarding psychoanalytic psychotherapy. Sandell et al. concluded, on the basis of analyses of the data, that the results could be due to the fact that those therapists who had the most extensive personal therapy were at the same time characterised by orthodox psychoanalytic attitude with less weight on warmth, support and openness (Sandell et al., 2000, p. 921; Hougaard, 2004, p. 136).

The lack of evidence for the usefulness of personal therapy in relation to *client outcome* can partly be attributed to the methodological shortcomings suffered by research in this area, such as small sample sizes and confounding variables (Macran & Shapiro, 1998; Hougaard, 2004). According to Hougaard (2004) it is also reasonable to examine it in the context of the general problems that research has in documenting that professional training itself has any consistent beneficial effect on client outcome.

Beutler et al. (1994) argued that the diversity of reasons for entering therapy may be responsible for the varied effects of the role of personal therapy on efficacy, and if there are any effects, they result from complex interactions. Macran et al. (1999) likewise argue that the naturalistic

comparisons across therapists who have or have not had personal therapy suffer from confounding factors, e.g., those therapists who seek therapy might be more distressed or disturbed than those who do not seek personal therapy, or than those who need therapy for only shorter periods. Even after treatment, therapists who began with really serious problems might be less effective than those therapists who do not seek therapy because they do not need it. A therapist might also seek therapy because it is a training acquirement or to prevent burnout, or to obtain personal growth. If a study wanted to test the hypothesis of the improved effectiveness of the therapist and thereby a better client outcome:

...it would require a clinical trial in which therapists are randomly assigned to receive or not receive personal therapy, patients are then randomly assigned to these therapists, and their outcomes assessed. Even before considering problems of selection, standardisation and measurement, it is obvious that this approach would be impracticable as well as prohibitively expensive. (Macran et al., 1999, p.420).

The emotional well-being and health of the therapist *is* actually positively correlated with treatment benefits in several studies (Greenspan & Kulish, 1985; Beutler et al., 2004). But again, no direct relationship evidently exists between more therapy and increased emotional well-being of the therapist, because of various reasons as suggested above (Beutler et al., 2004, p. 275).

3.8 Professional impact of personal therapy

As stated above, there are serious problems in trying to determine a *direct* relationship between personal therapy and client outcome. More supportive evidence has been found when the effects of personal therapy on therapists' in-session behaviour were examined.

Strupp (1958) conducted several experimental studies in which he examined the effects of therapists' personal analysis on the therapists' verbal behaviour in relation to clients. Strupp found that analysed therapists gave significantly fewer silent responses than did unanalysed therapists. This indicates that therapists who receive therapy are more active in their interactions with clients. (Whether a more active therapist is always better than a less active therapist is not discussed, however).

As mentioned previously, MacDevitt (1987) determined that personal therapy enhances therapists' recognition of their own countertransference issues. Macran and Shapiro (1998) suggest that there is some evidence that personal therapy has a positive effect on those qualities that are cited to be related to patient change, such as empathy, warmth and genuineness of the therapist.

The value of personal therapy might also be dependent on the different types of clients. Macaskill (1988) suggests that probably with very disturbed or challenging clients, there would be a significant effect of the therapist's personal therapy on the client outcome. In this situation, the therapist would benefit from improved empathic skills and increased self-awareness.

It is suggested that personal therapy will increase the effectiveness of the therapist due to the ample evidence of the personal benefits and positive professional impact that therapists achieve through personal therapy (Orlinsky et al., 2005c).

3.8.1 Professional impact: qualitative studies

Most research on the topic of personal therapy for therapists has employed surveys or other quantitative approaches in an effort to measure statistically the relationship between variables. According to Grimmer and Tribe (2001), these studies have not provided an in-depth understanding of the meaning of the experience of personal therapy as the practitioner understands it.

I have found only two qualitative research studies (Macran, Stiles & Smith, 1999; Wiseman & Shefler, 2001) that have been conducted on the topic of the therapists' personal therapy and its influence on the clinical practice of the therapist. In both of the studies, interviews with therapists were carried out, and through qualitative analysis important material was distilled about *how* the therapists' personal therapy affected their clinical work.²⁸

Wiseman and Shefler (2001) concluded from their interview study that personal therapy is perceived as an essential part of the training phase and, further, as playing an important role in the therapist's ongoing process of individuation and the development of the ability to use the self to

²⁸ Two other qualitative studies of the same kind (Grimmer & Tribe, 2001; Murphy, 2005) I chose to refer to in a previous section, since the main focus of their interviews was on the participants' responses to and experiences of the inclusion of mandatory personal therapy as part of the training.

achieve moment-to-moment authentic relatedness with clients (Wiseman & Shefler, 2001, p. 129). The findings were based on five experienced psychoanalytically oriented therapists' narrative accounts of their personal therapy and the impact on professional and personal development. The qualitative analysis yielded six overall domains. Within each domain several themes were organised into a number of categories. In the following I will briefly summarise the six domains:

a) Importance of personal therapy for therapists, past and current attitudes.

The therapists reported on their attitudes towards the importance of personal therapy and on their own reasons for entering therapy, and four out of five re-entered therapy as part of the requirements for training to be an analyst. However, therapy was viewed as a personal journey into the self, which fulfils all three purposes: personal reasons, growth and training.

b) Impact of personal therapy on the professional self: identity.

The interviewees reported on the ways in which they imitated past and current therapists, i.e., their therapists were role models for them. For several of the participants, this was accompanied with a feeling of love. Furthermore the process that the therapist goes through in personal therapy was described as having a strong impact on the development of a secure sense of professional self-identity. Personal therapy was expressed as the royal road to improve self-knowledge, which implies that the therapist needs to make peace with parts of the self with which he or she is uncomfortable.

c) Impact of personal therapy on one's being in the sessions: process.

The participating therapists reported developing and increasing empathic capacity and the ability to tune into the client's experience. They also emphasised the impact of their experiences in personal therapy on their ability as therapists to feel a sense of flow in the sessions: going with what one feels about the patient on a moment-to-moment basis, instead of staying on an intellectual level of understanding.

d) The therapist as patient: past and current experiences.

The therapists reflected in the interviews on their previous experiences of personal therapy, and the more distant in time, the more general were the terms that the interviewees used to describe the experiences. One of the therapists who was currently in analysis was asked, what do you find

as the most interesting thing you are doing currently as a therapist? And he answered, “personal analysis”. According to the authors, he did not really separate his therapist-self and his client-self.

e) The therapist as patient: self in relation to the personal therapist

The interviewees often referred to their feelings about their therapists on both an emotional and a professional level. One interviewee talked about her therapist as the good mother, and several mentioned the wish to internalise the personal therapist, but also at the same time to create a way and style of their own.

f) Mutual and unique influences of didactic learning, supervision and personal therapy.

The interviewees’ responses point to the mutual as well as the unique influences of each of the three components of the training triad. One responded: “I don’t think I could have been in meaningful supervision without being in personal therapy.” Further, the interviewees also indicated that supervision material was brought into their personal therapy as well. They all felt there was no substitute for learning about the psychotherapeutic process through experience. All in all, the narrative accounts of these experienced therapists shed light on the unique and important place of personal therapy in the training and further development of therapists.

In the qualitative study conducted by Macran, Stiles and Smith (1999), the seven participating therapists varied considerably in age, training, and type and duration of personal therapy, but the majority were psychodynamically oriented. They very clearly appeared to translate their experiences as clients into skills and attitudes in their clinical practices. In the interview material, 12 common themes were identified and these themes were organised into 3 main domains.

The first domain concerned the therapist as a person and it was labelled “orienting to the therapist: humanity, power and boundaries”. Through personal therapy, the participants gained an understanding of the importance of their personal presence within therapy, and how to manage and take care of that. For example, the participants reported how their personal profound experiences of psychological pain and of seemingly irrational transference-related feelings were translated into empathic acceptance of the reality and intensity of their clients’ overwhelming feelings and an understanding of the likelihood of distortions. Also, they reported close attention

to and grateful appreciation of their therapist's humanity, and they translated this into a willingness to be their real selves with their clients.

The second domain concerned the therapist's attitude toward the client and the consequences of this attitude for the client's attitude toward him/herself, and it was labelled "orienting to the client: trust, respect and patience". In this domain, the experiences of "space" the participants found they were given in their personal therapy, space to work through their difficulties without interference, were translated into the space they offered their clients. For example, the experience of their own therapist's ability to hold back from giving advice and staying with the feelings of psychological pain or discomfort promoted confidence in themselves as being able to tolerate and cope with these feelings, which was translated into calmness and confidence in the face of their clients' feelings, and into patience and confidence in their clients' ability to cope.

The third domain concerned the understanding of communications and meanings that go beyond the denotation of spoken word, and this domain was labelled "listening with the third ear".²⁹ Through personal therapy the participants developed their ability to work with their clients on a deeper level of consciousness. This domain contained issues of tacit and procedural knowledge, areas of learning that were difficult to verbalise completely, but nevertheless acknowledged to be powerfully affecting the participants' clinical attitudes and behaviours with their clients. The participants reported that personal therapy seemed to hone their abilities to understand more deeply and to appreciate communications that were unvoiced. All seven therapists talked about how personal therapy helped them become more familiar with and therefore more able to distinguish their personal thoughts and feelings and thus keep them separate from their clients' thoughts and feelings. Finally the personal therapy was a first-hand experience of how long and how difficult it can be to work through issues, which was translated into an ability to make concrete judgments about the speed, timing and depth in therapeutic processes with different clients.

Here we will leave the area of the therapist's personal therapy in the neighbouring field of psychotherapy and turn to the field of music therapy in order to see if any studies have been undertaken in the area of self-experience or personal therapy.

²⁹ The metaphor of "the third ear" originates from the psychoanalyst Theodor Reik. As mentioned in the previous chapter Inge N. Pedersen (2000) has discussed and developed the concepts of the listening in music therapy sessions, which is closely linked to this domain of "the third ear".

3.9 Research concerning music therapy in relation to personal therapy in training

The modest research regarding the training and education of psychotherapists is the same inside the profession of music therapy with a paucity of research and few published studies. In the following, I will present three non-published studies concerning music therapy that focus on evaluation of the experiential training element, one from the UK and two studies from Denmark.³⁰ Thereafter I will present a study by Barbara Wheeler, who investigated experiences and concerns that music therapy students have during their practicum experiences. I consider this study related to my area of research, since its focus is on the music therapy students' experiences of learning. To start with, I will briefly mention two research studies inside the area of education and art therapy; one is an international survey that also includes music therapy educational programmes, and the other is a phenomenological study inside dance movement therapy, which I consider to have important commonalities with music therapy since both therapies use nonverbal methods.

3.9.1 Art therapy and psychotherapy training: An international survey

In the late 1980s, Payne (of the UK) conducted an international survey (Payne, 2002). The inquiry concerned the extent to which personal development through *group* therapy was incorporated as a mandatory element in the training of art therapists and group psychotherapists within the training programme itself.

A qualitative questionnaire was distributed to 149 programmes worldwide, and 82 responded from 12 countries. Fourteen of these responses were from music therapy programmes, representing 10 countries. Seven music therapy programmes included self-experience in a music therapy group in their training.

The questionnaire asked respondents to name the reasons for inclusion or exclusion of this training element. One reason given for inclusion was “exploration of modalities” (such as singing, guided imagery, improvisation etc.); the other reasons were more personal reasons, such as “personal growth” and “self-awareness”. Unlike the other art therapies and group psychotherapy, music therapy programmes also mentioned that “creativity”, particularly in relation to group aspects, was valuable, e.g., to “recreate originality”. Payne quotes one of the responses from a

³⁰ I was familiar with the two Danish studies, which were conducted at Aalborg University (Hald et al., 2001; Hannibal, 2004). I heard about the English study by Streeter (1999) at the Oxford Symposium in 2002.

music therapy programme: "...it is extremely important to undergo music therapy if you want to work as a music therapist. Experiences in other therapies might also be useful but cannot compensate for the deep insight into self-experience with your own therapeutic discipline." (Payne, 2002, p.10).

The survey showed that a total of 33 respondents out of 82 (40%) answered that they did not include personal development through group therapy in their programme. In music therapy, seven of the programmes did not include a group therapy experience in the training, and the reasons given for this were: the role conflict in the issue of the group's life outside the therapeutic process, the problems of therapy inside an educational setting, and the difficulties created through staff being at the same time teacher and therapist.

Lastly, I want to mention that the survey also investigated the assessment/evaluation of the therapy during training. Payne held that it appeared from her study that the issue of confidentiality is still a thorny problem for many programmes. She wondered how it is possible to assess a student's participation; it would compromise confidentiality if the student is going to be marked by a tutor. And if marked by the therapist/group facilitator, it would change the therapeutic alliance drastically. Payne subscribed to the notion from some of the trainers of providing students with self-reflection questions and encouraging them to set their own goals.

3.9.2 Becoming a client, becoming a practitioner: A phenomenological study

In a research study, Payne investigated trainees' views on their experiences in a weekly 2-year dance-movement-therapy group (Payne, 2004). The group was a personal development group and formed a part of their post-graduate training. The data consisted of transcripts from semi-structured interviews with seven students; each participant was interviewed six times over the two years of the group therapy. The goal of the study was to discover the students' views on their learning experiences in relation to their clinical practice with dance-movement-therapy groups (practicum) during their training. The results show that the dance-movement-therapy group provided the students with several experiential learning outcomes. The training group informed both clinical practice and client needs, as a result of their personal experiences as clients in the group. The recurring sub-themes were concerned with: a) becoming a client, specifically developing empathy, as manifested by entering the role of client whereby they explored their personal material and b) becoming a practitioner. Among other themes, the results from Payne's

study indicate that the students developed their understanding of the purpose of the training group; the students were not supposed to copy the group approach, but rather to adapt the presented model to the client group with whom they were working. Empathy, non-judgmental positive regard and genuineness emerged from the interview material showing the students' skill development. The author referred to Macran et al. (1999), who suggest that therapists who experience helpful conditions in personal therapy are better equipped to provide the same for their clients.

The author concludes that the findings from this study show that the personal developmental and experiential training increases awareness of: a) client-therapist relationships, b) transference and countertransference, c) empathy, patience and tolerance. This is in line with numerous studies reviewed in the previous chapter, focussing on how personal therapy increases therapeutic competence.

3.9.3 The value of personal group music therapy as a mandatory part of training

In 1999, the British music therapist Elaine Streeter conducted a research project in which she investigated the value of personal group music therapy in the training of music therapists. The method for data collection was a survey; a questionnaire was sent to 388 music therapists and 125 completed questionnaires were received back (32%). Twenty-two of the respondents were still students. The rest of the respondents were working music therapists ($N = 103$). Two research aims were considered in the design of the questionnaire:

- To understand which components of experiential group music therapy have proved in the long- and short-term to be of most benefit to music therapists and trainee music therapists.
- To look at the differences between how group music therapy is valued during training as compared with the way in which it is valued after training, i.e., in retrospect.

Streeter stated that the student participants in general evaluated group music therapy as very useful. Streeter furthermore concluded from the survey that the working music therapists clearly continued to value their past learning experiences in relation to their present professional work.

In this study there were only a small number of returned questionnaires from students. Streeter reflected upon this, suggesting that a factor may have been that the task of evaluating a highly personal experience *during* the life of the group may not have felt relevant to the students. There

may have been understandable concerns about confidentiality, even though Streeter took the question of confidentiality into account when she designed the questionnaire.

3.9.4 Students' evaluation of a Music Therapy Programme

In 2003, Niels Hannibal investigated Danish music therapists' and music therapy students' evaluation of the education programme at Aalborg University. The purpose was to evaluate if the aims described in the curriculum were met, and also to evaluate the importance and usefulness of all the different subjects, seen from the music therapist's and student's perspectives. The study board for music therapy wanted to see if the new curriculum, implemented in 1995, functioned in a satisfactory way. A questionnaire was designed and sent to the 19 music therapists who had completed the 5-year training program (initiated in 1996), and to the 15 students who were in their ninth or tenth semester, and about to complete their studies. Seventeen people (50%) completed the questionnaire, and 13 of them were professional music therapists. The informants were supposed to evaluate each subject from the training programme in relation to two scales: the "usefulness-scale" and the "importance-scale". The rating scale ranged from 0 to 6, with 6 as the highest score indicating that the given subject was highly useful or highly important.

This was a small empirical study, with only 17 respondents out of 34 possible. Nevertheless, it does point to both the importance and usefulness of the therapeutic and self-experiential part of the programme, due to the participants' highly positive evaluations of these subjects. The individual personal therapy was rated 5.41 concerning *usefulness* and 5.76 concerning *importance*. Inter-therapy was rated as 5.41 concerning usefulness and 5.82 concerning the importance of this subject. GIM was rated as 4.81 concerning usefulness and 4.93 concerning importance. Only the clinical piano teaching had the same high score as the individual therapy and inter-therapy. The results from this study illustrate among other things that the mandatory self-experience part of the programme was rated highly. Hannibal concluded that the data give the impression that the students had developed the therapeutic competencies required in the clinical field (Hannibal, 2004).

3.9.5 Music therapists' personal therapy

A group of music therapy students (Hald et al., 2001) conducted, as a bachelor's project, an empirical investigation into the personal therapy of music therapists in Denmark. The study was a combined quantitative and qualitative questionnaire.³¹

As far as I know, this is the only empirical research in music therapy focusing on the therapist's former therapy (a component of training), with the exception of the small study by Hannibal mentioned above. Therefore, I am going to describe the study quite thoroughly.

The authors write in the introduction that "this project focuses on the personal therapy of the therapist and on the relation between the personal therapy and the clinical work of the therapist". Hald et al. designed a questionnaire for the Danish music therapists to investigate their experiences with the therapy as a mandatory part of the programme in Aalborg.

The empirical study was a whole population survey. The questionnaire was sent to 93 music therapists educated at Aalborg. Forty-percent of the questionnaires were returned (37 respondents). The questionnaire was designed to provide both qualitative and quantitative data. Most of the questions included a Likert scale with four possible answers: "very much", "to some degree", "not very much", "not at all". The questionnaire was divided into questions related to the client-role during the programme and questions related to the therapist-role as a professional music therapist. Hald et al. divided the material into subjects. Using this structure, I will describe the most important findings from this study:

Transference and countertransference

The majority of the music therapists identified themselves as working within a psychodynamic framework and the majority used the concepts of transference and countertransference when they analysed their work. To the question concerning whether they identified transference in their relationship with the music therapist during personal therapy in the training programme, only 3 answered "very much", and 27 answered "to some degree" or "not very much". Five of the music therapists answered "not at all". The authors suggested that this could be understood in a developmental perspective; during their education, the students pay less attention to these concepts in relation to their personal therapeutic process. During their professional lives, when the

³¹ Title of the project: "Musikterapeuters egenterapi – en undersøgelse af musikterapeuters egenterapi med udgangspunkt i læreterapien på Aalborg uddannelsen".

therapists have developed a more autonomous identity, it is common that music therapists educated in Aalborg use these concepts when analysing music therapeutic processes.

The value of self-experience in relation to different client-groups

The 37 music therapists who responded to this survey worked in many different areas and represented a very broad client spectrum. They all evaluated personal music therapy as “necessary” (29 answered “very much”, and 6 answered “to some degree” to the question about the necessity). There was a tendency in the answers for music therapists working with adult clients and in psychiatry to evaluate their personal therapy as more valuable and more necessary compared to music therapists working with children and mentally handicapped clients.

Self-experience in relation to personal development

In the questionnaire, some of the questions were related to the intra-psychic development of the music therapist as a student. A great majority of the respondents answered positively to the following three questions: a) if the personal therapy revealed resources; b) if the personal therapy clarified and confronted psychological blockings; and c) if they created better contact with themselves through the personal therapy. Between 4 and 8 music therapists answered more neutrally to these three questions; they had “to a less degree” experienced these personal developments in relation to self-experience.

Self-experience/personal therapy mandatory in the programme

Ten music therapists had experience with therapy before they started their training in music therapy, and the same ten therapists showed in their answers a positive attitude towards the mandatory therapeutic processes inside the programme. Other respondents reacted with mixed feelings to the question about how they viewed the mandatory nature of the personal therapy. The ambivalence was illustrated by verbal comments from some of the respondents. Nineteen music therapists, corresponding to 50% of the respondents, answered that they did find it disturbing that the therapeutic processes took place inside the training programme.

Eighteen music therapists expressed that they trusted “very much” their individual therapists and 11 music therapists experienced trust “to some degree”, i.e., 29 trusted their therapists, but still some of them found it disturbing that the therapy was integrated in the programme.

The musical aspect of the self-experience/ personal therapy

One question addressed the musical aspect in relation to self-experience. Thirty music therapists reported that they developed confidence in their personal musical/improvisational expression through the music therapeutic processes experienced during the programme. There was no space available for comments from the respondents in relation to this question. But some of the music therapists commented on the value of working with the music during the self-experiential processes, elsewhere in the questionnaire. One music therapist wrote: “for me learning the craft, both psychologically and musically, has happened through the self-experience/personal therapy”. And another music therapist wrote: “...it is valuable to experience how you can, as a client, experience making things move, and break certain blockages through the music and furthermore gain the possibility of expressing yourself through the music” (Hald et al., 2001, p. 63).

The need for continuing therapy

A great majority of the music therapists ($n = 30$) answered that they had a need for further therapy after they graduated. This result balanced with the result of the 30 music therapists who had experiences with therapy after they finished their education. Several comments in the questionnaire pointed to the fact that the course of therapy inside the programme was limited by time, and many music therapists found that the amount of personal therapy inside the programme was insufficient. The authors suggested that these results could lead to some positive interpretations; the professional music therapists educated at Aalborg University seek therapy when they need it. They are seeking to nourish their personal psychological health, and probably the integration of self-experience in the programme leads to the professional attitude of self-caring. Hald et al. (2001) also suggested that the fact that more therapy is so common after studies have ended might be an illustration of a need that is built up through the years of a very demanding and exacting education. Eighty-one percent (30 of 37) of the music therapists had been seeking personal therapy after graduation from the university, which is a percentage that corresponds with the findings in many of the surveys mentioned in the present review, where the mean percentage of the prevalence is between 75-90%.

3.9.6 “Experiences and Concerns of Students during Music Therapy Practica”

I include this phenomenological research study conducted by Wheeler (2002), because it is related to the area of learning from self-experience. Wheeler investigated experiences and concerns of music therapy students during their practicum. Through qualitative interviews with the students,

designed to elicit as much of the students' experiences and as many of their feelings as possible, the intention was to reach a growing understanding of the experiences as the students perceived them.

It is relevant to think of the practicum experiences as a phase in which the student tries to integrate what he or she has learned in the training so far. Some of the important and primary concerns of the students elicited in Wheeler's study had to do with "meeting the clients' needs" and "seeing changes in the clients". Wheeler stated that this finding was supported by McClain (1993), who found in her study of music therapy students that one of the greatest concerns was about clinical skills, particularly understanding and meeting the needs of the clients. Wheeler's final point in her discussion was that the students had a wide range of perceptions. In the interviews they focused on some of the similar themes around the practicum, however, they had completely different experiences in relation to those themes. She concluded: "this points to the need for flexibility in approaching clinical training, and for working with different student needs, just as we work with the needs of individual clients" (Wheeler, 2002, p. 303). Probably this need for differentiation and personal support is achievable in the contexts of experiential learning in which the student experiences the client position, and has the chance of finding a personal pathway through self-development.

3.9.7 Personal narratives from music therapists' personal therapy

I did not find any research studies in music therapy that focus on music therapists' personal therapy.

Research studies and reports provide us with knowledge and new insight. And I suggest that case stories do this as well. We rarely are exposed to therapists' narratives of their personal travels or pathways through personal therapy. I believe we could learn from listening carefully to the stories of other music therapist's experiences and discoveries in music therapy. I would like to end this literature review by referring briefly to a book by Julie Hibben (1999), *Inside Music Therapy; Client Experiences*. In this book two music therapists (among others) tell their stories of personal therapy in GIM. It is characteristic that the inner experience of how the music can facilitate the personal therapeutic process is illuminated. Schulberg ends her narrative "Out of the ashes" like this:

...The music provided the dynamics that evoked the experiences, a container expansive enough to hold all the experiences, and the integration of all of these that supported

healing and transformation. The music allowed me to experience the despair and still have hope about the outcome. (Schulberg, in Hibben, 1999, p.11)

The music therapist Isenberg-Grzeda has another very important statement about her learning through self-experience:

... I have often found that the same music acts differently on me at different times. Music that soothes me during one session can stir up rageful feelings during another session. Music that can feel not sufficiently “holding” in one session can provide a tight container in another. I feel that this lack of predictability speaks to the complexity and the richness of the relationship between music and the human psyche. (Isenberg-Grzeda, in Hibben, 1999, p. 65)

3.10 Comments on chapter 3

Studies looking into the effects of therapists’ personal therapy have failed to document any effects on client outcome. As stated by several authors, this can partly be attributed to the methodological shortcomings suffered by research in this area, such as small sample sizes and too many variables (Macran & Shapiro, 1998; Hougaard, 2004). However, it is possible to conclude, on the basis of previous research, that personal therapy for a therapist is likely to be of benefit in many respects, both personally and professionally. And research studies also indicate that experiential learning develops therapeutic competencies such as empathy and awareness – competencies that are likely to influence clients positively. Several authors find that there is a gap in the literature on trainee experiences (Payne, 2004; Watson, 2005), and it is suggested that more information needs to be gathered regarding the experiences of trainees as to the benefits of the various aspects of personal development (Macran & Shapiro 1998; Murphy, 2005).

In the majority of the research studies conducted in the area of self-experience and personal therapy, the survey method is used, with self-administered questionnaires in most cases (equally with the few studies inside music therapy). Except for those qualitative investigations mentioned in the review, there does seem to be a lack of research that explores *how* the personal therapy is useful.

Chapter 4. Qualitative methodology: Ethics, philosophy and methods of inquiry

4.1 Introduction

The value of a qualitative research is related to its methodological transparency (Olsen, H., 2002). Even though this type of qualitative research would be difficult or rather impossible to repeat, the criteria of transparency – of letting material and considerations into the open – produce a ground for scientific discussion.

The outline of this chapter consists of two parts. The first part comprises a brief survey of the ethical and philosophical basis of the study as a whole, and in particular the sections about philosophical hermeneutics are related to the qualitative methodology and hermeneutic methods of inquiry.

The second part, which begins with section 4.5, presents concrete material about the current study. It is my ambition in this second part of the chapter to describe the research process and to make explicit what motivated the methodological choices, to give the reader a chance to follow and understand the process, and thus be able to critically evaluate the results later on. There will be some references to appendix material, e.g., letters, transcripts, working papers etc., along the way, papers that document the process in great detail.

Good qualitative research is closely connected to ethics. The first section is about ethics as an overall issue, and later I will integrate the concrete ethical considerations in relation to, for example, choice of method, approaching participants, interviewing and analysing.

4.2 Ethics

In general, ethics is about what we need to comply with and live up to as individuals and as a community. Ethics has to do with questions about responsibility: personally and socially (Fink et al., 2003). It is common for groups of professionals to produce ethical rules and standards to follow, sets of rules that describe what is a proper and decent behaviour in relation to, for example, colleagues and especially in relation to clients. This is also the case inside music

therapy. The Danish Association of Professional Music Therapists (MTL) lists the following four ethical main principles in relation to research:

- a) Music therapists who work with research must be attentive to elucidating the chosen research problems and questions in such a way that knowledge is provided that can promote the development of peoples' conditions and quality of life
- b) The music therapist has a responsibility for those who are participating in the research
- c) The music therapist has the responsibility to ensure the research process is accomplished in accordance with scientific practice.
- d) The music therapist must present and explain the meaning of the research results

These main principles illustrate that ethical considerations are necessary all the way through the process; from the formulation of a research area and research questions to the responsibility in relation to participants, till the point where the results are presented (Kvale, 1996).

Ethical rules will always be rooted in a culture or era, and it is essential that ethical rules always be used in a reflective manner. For psychotherapy and music therapy, it is impossible to write down rules to follow in every clinical situation (or research situation). To be a trustworthy (ethical) therapist (or researcher), it is not enough to follow rules without thinking; it is necessary to internalise those principles or virtues from which the rules originate (Munck, 1998).

The Danish philosopher K. E. Løgstrup is known for his writings about ethics and his principal book *The Ethical Demand* (1956)³² presents his basic ideas of human ethics. Løgstrup's thesis is that human existence is essentially inter-personal. The ethical demand is based on the phenomenon of trust; we encounter one another with natural trust unless we have specific reason not to do so. Thus the ethical demand requires taking care of each other because we are interdependent on each other. We always influence each other and therefore we carry a responsibility for a part of each other's lives. As Løgstrup suggests, even in our stances and attitudes we contribute to the life-world of our fellow human beings; i.e., if the life-world is light or dark, threatening or safe. In this way we possess power in our human relations – a power that has to be managed (Løgstrup, 1956). Having power over other people is not something we decide; rather, it is a given fact, exactly like being exposed to the power of the other(s).

³² Published in English with an introduction by Alasdair MacIntyre and Hans Fink. Notre Dame/London, 1997.

In psychotherapy or music therapy, there is certainly a power relation between therapist and client. Even if we acknowledge that both parts contribute to the relation, a power asymmetry will remain. This is why a therapist has a particular responsibility in relation to his or her client. But no specific rules exist about how to address this premise of asymmetry in therapy. The ethical demand does not give precise instructions on how to act in relation to our fellow human beings – this must be reflected, evaluated and decided in each situation. The way we can deal with the ethical demand is basically to act unselfishly and to take care of the other. Munck describes it in the following way:

The universally human relation is pre-scientific and built upon basic human conditions prescribing that we all live in power relations with each other. The ethical demand is to handle the power with responsibility and that is to create space and possibilities in life for the other human being. (Munck, 1998, p. 263, author's translation)

The relation between the researcher and the field or object of the research could as well be defined as a power relation. And usually it is the researcher who holds the most power in this relationship. This is why, the participant has certain rights and the researcher/interviewer has certain obligations and responsibilities. (I will elaborate on the issue of participants and interview inquiries on page 81).

In this context, it is relevant to mention the concept of *Phronesis*, as defined by Aristotle, which is the capacity for practical judgment in concrete situations (“practical wisdom” or “ethical know-how”). *Phronesis* is concerned with particulars, because it refers to how to act in particular situations. One can learn the principles of action, but applying them in the real world, in situations one could not have foreseen, requires experience of the world. There is no theory or method that explicitly defines how to develop *Phronesis*. *Phronesis*, according to Aristotle, requires education, a knowledge of particulars, which come from experience and this includes understanding (which involves learning) and ethos; good ethical sense (Gallagher, 1993).

In their article “Confronting the ethics of qualitative research”, Brinkmann and Kvale (2005) argue that learning ethical principles is not sufficient for becoming an ethically responsible researcher. They state that becoming an ethically capable qualitative researcher involves cultivating one's *phronetic* skills; the qualitative researcher must learn from cases and learn to do “thick ethical descriptions”. They suggest that the researcher *contextualise* – thicken the

descriptions by describing them in their context – and *narrativise*, incorporating a temporal dimension in the “thick” ethical description and interpretation (Brinkmann & Kvale, 2005, p. 177).

Danish Psychology Professor Svend Brinkmann argues in his article “The good qualitative researcher” (2007a) that there is a close connection between being a good qualitative researcher in an epistemic and in an ethical sense. According to Brinkman, in qualitative research it is not possible to separate the two kinds of goodness, i.e., producing scientific knowledge and being good in an ethical sense. This does not mean that the qualitative researcher is always good – but you do find demands in relation to good qualitative research that coincide with ethical evaluations and demands. Brinkmann states that instead of seeking certainty we should learn to articulate dilemmas and uncertainties in ways that will help us act sensibly in the research situation. According to Brinkmann, good qualitative researchers have cultivated their skills of situational perception, articulation and judgment, and this corresponds to goodness, epistemically as well as ethically (Brinkmann, 2007a, p. 131). This is similar to Radnor, who holds the principle that interpretive research is “ethics-in-action” (Radnor, 2001, p. 30).

Thus Brinkmann suggests that ethics should not be treated as a second-rate aspect in research; on the contrary, ethics ought to be at the front of the study process, for the sake of ethical as well as epistemic value:

We cannot discuss the objectivity or validity of research in qualitative psychology without at the same time presupposing some ethical views. Quite often these are left implicit, but I think that we could improve the ethical and the epistemic value of our research by making the ethical presuppositions and implications explicit. (Brinkmann, 2007a, p. 138)

The ethical values listed by The Danish Association of Professional Music Therapists are very broad, as is the case for most ethical standards, and it would be difficult to proclaim disagreement. Nonetheless, it is a serious task for every researcher to skilfully confront ethical reality and really turn these principles into concrete questions to ask while designing and conducting research studies.

Cheryl Dileo (2000) emphasises that it is impossible to think ethically without being aware of one’s feelings, values, prejudices, virtues and possible ethical blind spots. According to Dileo, the researcher’s ethical thinking must be developed through self-awareness and self-exploration. In

the second part of this chapter, as I present the many conditions and decisions around the choice of methods, selection of participants, interviewing, ways of analysing etc., I shall continue to comment on the ethical reflections that occurred along the way.

4.3 Methodological considerations

Learning through self-experience is a complex phenomenon that is difficult to investigate; this is because self-experience is sometimes an unconscious process that cannot always be fully described through words. Following these considerations, at the beginning of my PhD programme, I considered doing a multiple case-study using observational methods, which would also have rooted the study in a “real world context”. I abandoned this idea however, primarily due to ethical aspects: first of all music therapy is a very small milieu and it would be impossible to ensure confidentiality and anonymity for the participants. Moreover, I assumed that the music therapy student in a self-experiential learning process is challenged by the complexity of the Aalborg programme, where academic, musical and therapeutic subjects run parallel, and I would not find it ethically safe enough to add one more or several more layers to what the student already contains³³. Secondly, I questioned how I as an observer and researcher would be able to grasp and understand the self-experience learning, if it occurs partly tacitly or out of sight so to speak. These considerations left me with a paradox in relation to choosing the most appropriate method. My reflections guided me. I thought that “self-experience” is about the self who experiences, and nobody has access to that experience but the “self”. It is the experience “in your own body”, it is a type of learning that is constituted by who the student is and can become through personal development. No methods in this case would provide the researcher with *all* the information there is. As Maturana states, all what is said, is said by an observer. Thus, it is impossible to grasp the experience in itself. Documentation will always be *about* something, it will always be reflections of the experience. Asking people involved directly about what is going on and what they experience is an obvious short cut in seeking answers to our questions, Robson (2002, p. 272) states. So from this point of view, the relevance of asking the music therapy students directly about experiences of self-experience became clear and I concluded that the appropriate primary method would be the qualitative research interview.

³³ According to Brinkmann (2007a), it could be argued that ethical considerations with decisive influence on which kind of data collection to choose will lead to the most valuable generation of data.

In order to be able to integrate musical experiences in the data-material, I decided to ask the interviewees to bring an improvisation example from their self-experience process to the interview. In a later section, I will go into more detail about the purpose and practicalities around this issue.

In conclusion, gathering knowledge about self-experience is not necessarily unachievable: it is possible to investigate the phenomena related to self-experience learning as long as we 1) consider the methods thoroughly, 2) remain humble towards the fact that there will be no definitive answers or definitive truth to reveal and 3) respect that some things will remain tacit.

4.4 Philosophical hermeneutics

Interpretation and understanding are the focal point of my qualitative inquiry, and therefore I will present the thinking in philosophical hermeneutics that constitutes the foundation of this study. Hermeneutics represents a substantial topic of science – the following section includes a brief introduction in order to point out some of the central issues and prepare for an extended description of my methodological approach. Thus, this section presents some of the leading philosophers and explains the concepts of the hermeneutic circle, foreknowledge, the fusion of horizons, narrative inquiry and self-inquiry.³⁴

4.4.1 Definition and history

The word hermeneutics originates from the Greek *hermeneutike* and *hermeneia*, and means “linguistic articulation” or “expression”. In Latin, the translation was *interpretatio*. In its modern meaning, hermeneutics is a philosophical discipline understood as the art and science of interpretation and understanding, *Kunst des Verstehens* (Kenny et al., 2005).

Classical hermeneutics focuses only on hermeneutics as a *method*, a tool for analysis of texts. With the work of Schleiermacher (1768-1834), the development of modern hermeneutics began. Schleiermacher did not see the text as carrying a certain truth, but as text written by a specific author at a specific historical point in time, and he had a quite broad definition of hermeneutics as “understanding of foreign speech”. Schleiermacher also held that we act hermeneutically in our

³⁴ These concepts are taken from Gadamer (1975/2004,) except “narrative inquiry”, which is from Kenny et al. (2005). It is worth mentioning that I found many concepts associated with “foreknowledge”, covering more or less the same phenomenon: e.g., “prejudices”, “pre-understanding”, “fore-understanding”, “fore-structure of understanding”, “fore-projection”, The concept of “pre-understanding” is used by Dahlager and Fredslund in an English version of their article from 2006.

daily talk when we try to understand the meaning of the other human being. Schleiermacher assigned the *circle* to be the crux in hermeneutics: parts of speech can only be understood in relation to the whole, and the whole can only be understood in relation to the parts. Questioning the meaning of something is therefore a question of the context the different elements create – a single experience is contextualised in a whole, which in turn is influenced by knowledge of the single experience. This is the hermeneutic circle (Gulddal & Møller, 1999, pp. 16-22), a dynamic and in principle a never ending process – which will be further explained below in the section about understanding.

Martin Heidegger (1889-1976) was a German philosopher whose major work of literature was *Sein und Zeit* from 1927 (*Being and Time*, 1962). A breakthrough happened in hermeneutics when Heidegger developed the *philosophical hermeneutics*. Philosophical hermeneutics does not apply to a specific area – it is more about understanding the whole range of human relations, through studying how people make sense of their life-worlds, continuously interpreting all kinds of phenomena: texts, art, television, human statements, acts, facial expression etc.

Heidegger was very much engaged in questions about *being* – being-in-the-world (in-der-Welt-sein). Heidegger's hermeneutics is concerned with the very question of human existence and the human search for understanding as a basic condition.

Heidegger developed many new concepts to describe his thinking. For example, *Dasein* describes the fact that human beings are able to be engaged in and question their own *being*. Thus, the philosophical hermeneutics according to Heidegger is not about a theory of the world, but about *being-in* and meeting the world.

Hans-Georg Gadamer (1900-2002) was a student of Heidegger's. Gadamer's major work *Wahrheit und Methode* was published in 1960 and translated into English in 1975 (*Truth and Method*), and into Danish in 2004 (*Sandhed og Metode*).³⁵ The book is not about the development of a humanistic methodology; on the contrary, Gadamer is critical towards the tendency to emphasise methodological aspects in human science (Gulddal & Møller, 1999, p. 33). Gadamer brought hermeneutics into an aesthetic dimension; addressing the importance of play and art in human life (Kenny et al., 2005, p. 338), and his fusion of Heidegger's existential dimensions of hermeneutics with the historical dimension of hermeneutics made a significant contribution to modern philosophical hermeneutics as well. Gadamer was 102 years old when he died. In an

³⁵ In this thesis I use both the Danish and the English publication. Gadamer (1975/2004) refers to the English publication and (2004) to the Danish version.

obituary from *Libération* (2002)³⁶, the author refers to what Gadamer had reported about his everyday life, when philosophers from all over the world celebrated him on the anniversary of his 100th birthday: “In my study, in between two telephone conversations, I spend all my time in the never-ending adventure of searching for what I am looking for, and sometimes to my surprise, I find what I was not looking for.” The journalist comments that Gadamer must have had many surprises in his life since he was such an uncompromising thinker who encouraged everyone to search for the limits of realisation.

Philosophical hermeneutics emphasises that human beings are historically and philosophically embedded. We live in history, we create history and we are a product of our history; and we are not able to release ourselves completely from the time and traditions we are born into – we cannot run away from the shadow that we cast.³⁷ Our understanding and interpretation is conditional on who we are, where we come from and what we see. Earlier Kierkegaard (1845) had written³⁸ that seeing is not only discovering and receiving, but also a creation because of the decisive factor of the person who sees. Observation will always happen from a specific position, and this position influences the focus.

4.4.2 Understanding and foreknowledge

In the following, I will concentrate on contributions from Gadamer, presenting some of the important and relevant concepts in relation to hermeneutic inquiry and the development of understanding. Processes of understanding take place all the time:

Understanding is the original characteristic of the being of human life itself.

(Gadamer, 1975/2004, p. 250)

As described above, philosophical hermeneutics is not defined as understanding of texts. The focal point is to understand human beings’ being, and understanding is not a tool but rather a basic relation to the world. In hermeneutics, understanding is a process, and understanding is obtainable

³⁶ Maggiori/ *Libération* 2002, translated into the Danish newspaper *Information*, 16.03.2002.

³⁷ Gadamer’s background as a historian shows through in his philosophical work. Following Dahlager and Fredslund (2007), it is possible to understand our historicism as including more than what we normally understand about history, our society and social/cultural context – the concept of historicism can also embrace the personal history, our social background, education and interests etc.

³⁸ In Danish: “Det beroer da ikke blot paa, hvad man seer, men det hvad man seer, beroer paa, hvorledes man seer; thi al Betragtning er ikke blot en Modtagen, en Opdagen, men tillige en Frembringen, og forsaavidt den er dette, da bliver det jo afgjørende, hvorledes den Betragtende selv er”. (from “Atten Opbyggelige Taler”, 1845, p. 61).

on the basis of the knowledge and the attitude that were there beforehand. Thus, understanding and foreknowledge presuppose each other and constitute another form of hermeneutic circle.³⁹ Later the concept of the circle was transformed into a spiral to illustrate that the process is going in circles, but always with new light shed on both part and whole (Alvesson & Sköldberg, 2000).

According to Gadamer, foreknowledge refers to the historic and tradition-bound in all of our experience – all what we have acquired and are confident about through upbringing, school, education, society, culture and language. Gadamer writes:

Understanding is to be thought of less as a subjective act than as participating in an event of tradition [Überlieferungsgeschehen], a process of transmission in which past and present are constantly mediated. (Gadamer, 1975/2004, p. 291)

The concept of “event of tradition” refers to the very core of Gadamer’s philosophy. Understanding and truth is something that happens while a human being is searching for it within the frames of history and background or past, more than a methodological activity.

Foreknowledge constitutes a *horizon of understanding*. It is impossible to meet the world objectively – without this foreknowledge or body of views and opinions, which we hold more or less consciously. But it is possible to strive to become conscious about the foreknowledge (well aware that it is not possible to fully do this being in the centre of it), and thereby to create the possibility of understanding what is different from what we already know.

It is important that subjectivity is not put in brackets, since foreknowledge is always there and it is as mentioned a necessary condition for understanding. If we do not know anything about the phenomena we investigate, it is not possible to pose relevant research questions. Following Gadamer, knowledge is developed from foreknowledge, which is articulated and further elaborated in an interpretational process (Dahlgren & Fredslund, 2006, p. 158).

³⁹ Heidegger and Gadamer were different from the classical hermeneutics, where subject (the interpreter) and object (the interpreted) were separated, and a radically new way of constructing the hermeneutic circle was introduced by acknowledging the importance of foreknowledge: the subject and the object cannot be separated; they are both *in* the circle (Dahlgren & Fredslund, 2006, p.156).

Thus, according to Gadamer we must acknowledge the fact that there are legitimate and productive prejudices, and he points out that these are not biases that blind the researcher and weaken the value of inquiry (Gadamer, 1974/2004, p. 278). On the other hand, Gadamer acknowledges that prejudices can sometimes be distorting and then they become undesirable bias. The point is that they do not always do so.

In Polkinghorne's words, Gadamer holds that most human inquiry leading to action takes place outside of awareness in a kind of cognitive unconscious. Thus, the inquiry draws upon people's *background knowledge*, that is, on their internalised culturally given understanding and on their personal experience (Polkinghorne, 2000, p. 457).

Further, the crux of Gadamer's hermeneutics is openness – to be open towards a person, a text, a tradition or a specific matter – to really listen to what is there; to meet the other human being, the client or the research participant, without a preceding overview or control of the situation. Devotedness to the expression of the other is then needed. A possible definition of ethics in a hermeneutic inquiry could be to “let the expression make an impression”. A bodily openness is necessary to let the expression inside and let it speak. The important thing is to acknowledge the value related to the expression, to be sympathetic to the expression (Johannessen & Lindseth, 1994).

A human being cannot be fully in control of the understanding – it grows from inside – it just happens. Gadamer describes the circular movement of understanding as being neither subjective nor objective, but the interplay of the movement of tradition and the movement of the interpreter. To reach the level of understanding is also thought of as an educational process, a process of learning as well as a relational process (Schwandt, 1999). The researcher has to engage in the dialogue, and Gadamer's concept of “play” also illustrates a way of participation – a to-and-fro movement that characterises the researcher's seeking of understanding. “To *understand* is literally to stand under, to grasp, to hear, get, catch, or comprehend the meaning of something” (Schwandt, 1999, p. 452).

4.4.3 Fusions of horizons

Meeting “the other” opens the possibility of revising one's foreknowledge. A work of art or a person can have such an impact on us that it may change our horizon of understanding. To let this

happen there must be sensitiveness toward what is different. There is no need for neutrality or a self-effacing attitude – on the contrary, the foreknowledge and prejudices must be enhanced. Thus by being open and listening, the case can appear in its difference and get a chance to challenge one's view. This is what Gadamer calls the fusion of horizons (*Horizontverschmelzung*; Gadamer, 1975/2004, p. 305). The precondition is the ability to stay open and to dialogue instead of being identified with one's prejudices and closing one's mind to the case. A dialogic inquiry is initiated only when people admit they lack knowledge, when they experience that they need to go beyond their present understanding of a situation or subject matter – thus the argument is that in the meeting with other traditions or other people we are challenged to enlarge our background understanding.

Dahlager and Fredslund suggest that acquainting oneself with the other person (or text) does *not* imply leaving one's own background and horizon. But together the two horizons may create a new horizon, a shared space within which understanding becomes possible. Beyond the two separate positions a third is born. The fusion of horizons is a productive and not a reproductive activity, since the other is not an object that we can get to know independent of our own horizon (Dahlager & Fredslund, 2006, p. 160).

Gadamer held that it is possible to enlarge or deepen one's background knowledge. Gadamer celebrated the plurality and mutual openness of traditions. He emphasised that it is the meeting and dialogue among traditions (the fusion of horizons) that yield a larger horizon of understanding (Polkinghorne, 2000, p. 471).

In general outline, our actions are primarily guided by a socially transmitted background, but Gadamer held that the background is not completely determinative of our understandings and actions. Experience is not static – and we can effect changes in the background with our experiencing. We are not only given a background, but we also give back new interpretative meanings to it (Polkinghorne, 2000, p. 466). Gadamer says:

The historical movement of human life consists in the fact that it is never absolutely bound to any one standpoint, and hence can never have a truly closed horizon. The horizon is, rather, the something into which we move and that moves with us. Horizons change for a person who is moving. Thus the horizon of the past, out of which all human life lives, and which exists in the form of tradition, is always in motion. The surrounding horizon is not

set in motion by historical consciousness. But in it this motion becomes aware of itself.
(Gadamer, 1975/2004, p. 303)

Polkinghorne puts it this way:

One cannot create a point outside the background from which it can be viewed and investigated...one always remains within the background circle itself, but reflects on it to bring to light what had previously been only dimly known. (Polkinghorne, 2000, p. 460)

Thus, the idea is that it is possible to become aware of some of our foreknowledge and revise our prejudices. When this happens, a new horizon is established based on the new experiences and new understanding.

4.4.4 Every true question requires openness

Forming questions that may lead to an enlarged understanding is a creative process and cannot be reduced to a set of rules. Rather, an inquirer needs to be open to being taught how to investigate a topic by the object itself (Polkinghorne, 2000, p. 473). Gadamer says:

To ask a question means to bring it into the open. The openness of what is in question consists in the fact that the answer is not settled. It must still be undetermined, awaiting a decisive answer. The significance of questioning consists in revealing the questionability of what is questioned. It has to be brought into this state of indeterminacy, so that there is an equilibrium between pro and contra. The sense of every question is realized in passing through this state of indeterminacy, in which it becomes an open question. Every true question requires this openness. Without it, it is basically no more than an apparent question. (Gadamer, 1975/2004, p. 357) ⁴⁰

⁴⁰ The Danish translation of this quotation is fascinating: "At spørge betyder at placere noget i det åbne. Åbenheden ved det, der spørges efter, består i, at svaret ikke er lagt fast. Det, der spørges efter, må endnu holdes svævende, ventende på den replik, der afgør og slår fast. Meningen med at spørge er, at det, der spørges efter, lægges åbent som noget, der er værd at spørge om [Fraglichkeit]. Først når et spørgsmål har været igennem en sådan svæven, dvs. har været et åbent spørgsmål, har det opfyldt sin mening. Ethvert ægte spørgsmål kræver denne åbenhed; hvis den mangler, er det i grunden et skinspørgsmål, uden nogen ægte spørgemening." (Gadamer, 2004, p. 345)

As stated by Brinkmann and Kvale (2005, p. 161), an ethical approach is to be open to other people, trying to see them as they are rather than imposing one's own ideas and biases on them. Thus openness stands out as an opposition to being biased in the dialogical situation.

4.4.5 Hermeneutics and narrative inquiry

Another aspect of hermeneutic inquiry in the present study is “narrative inquiry”. According to Kenny, the narrative inquiry invites the reader into a story. And the goal is not to isolate components or simplify the content; rather the goal is to elaborate complexities (Kenny, 2005a, p. 416). I will briefly mention the connection between narrative inquiry and hermeneutics.

Kenny et al. (2005a) argue that narrative inquiry is closely related to hermeneutics because it is concerned with the analysis and interpretation of texts, and because it is contingent upon the perception and interpretation of the researcher.

Central to Gadamer was more that thinking and understanding at its deepest level is metaphorical-poetic, and not logic-formal (Alvesson & Sköldberg, 2000). Ricoeur has devoted much of his work to metaphor and narrative in hermeneutics. According to Ricoeur, the metaphor creates a linguistic tension and thereby possibly broadens thinking and understanding. Theories about metaphors point to the correspondence between metaphors and basic bodily experiences of being-in-the-world – and thereby the metaphor or narrative may help to illustrate a person's life-world and make him grow wiser about himself ⁴¹ (Bonde et al., 2001).

Elaborating on this, I would add that in the moments of listening to a person's narrative, contact with the senses is nurtured. It is sometimes a challenge to welcome sensuality – there is a need for a certain kind of courage to really let a narrative touch the inside, create a field of resonance and perhaps surprise and move the horizon of the listener. ⁴²

Polkinghorne (1988) explains that certain kinds of knowledge and truth can be understood only sequentially, in a temporal narrative unfolding, and this is why I have found it relevant to employ narrative aspects of hermeneutic inquiry process in the present study, since both music and text

⁴¹ Lars Ole Bonde refers to Ricoeur in his study of GIM processes, which shows that the metaphors are brought together in narratives on different levels (Bonde, 2000).

⁴² This phenomenon resembles what in clinical therapeutic terms is named countertransference. Inge Nygaard Pedersen describes the “listening perspectives” as a specific sensitive attitude that music therapists are able to use in a clinical situation (1997, 2000) and Pedersen elaborates on the meaning of the concept of countertransference in music therapy in her thesis (2006). Langenberg uses the concept “resonator function” to describe the personal instrument of relating and understanding by which the therapist resonates to the latent content of the music (1993).

(interviews) hold a very unique kind of knowledge. In a later section, I will present the methodology for the music analysis.

4.4.6 Self-hermeneutic

So in hermeneutics, just as in all forms of qualitative research, the researcher is the primary instrument of the work. (Kenny et al., 2005, p. 335)

Kenny et al. (2005) state that the people who are our subjects in music therapy research are already interpreters of their experiences themselves and therefore a double hermeneutic is happening. This is certainly also the case in the present study. As described above, the philosophical hermeneutics refers to an attitude of openness and the ethical demand is to keep on letting the expression make its impression, and thus let the double hermeneutic shine through, in essence unfolding metaphorical-poetic understanding as Gadamer suggests.

A self-hermeneutic implies that the researcher's background or horizon will be acknowledged and reported as a part of the inquiry, and that the scientific interpreter works in a state of hermeneutic reflection. In the introduction to this thesis, I have tried to present my foreknowledge of my research topic and my relation to the field of my study. It is extremely difficult though, if not impossible, to construe our own foreknowledge completely, because that foreknowledge is already a part of us (Dahlgren & Fredslund, 2006, p. 164). But in the following sections about contact with participants, data collection (interviewing), and processes of transcription and analysis, I will try to present how I have been working in a hermeneutic circle, including my own horizon, my impressions and my ongoing thoughts about what I met in the particular as well as in the study as a whole, and by the end of this chapter (section 4.10), I will further elaborate the theme of self-inquiry.

4.4.7 Reflections on truth

Before we continue to the second and more concrete, empirical part of this chapter, I would like to sum up issues from the first part by examining some reflections on the concept of truth in relation to philosophical hermeneutics.

The philosophical question about truth occurs in the discussion about what valid knowledge is. The three classical criteria are correspondence, pragmatic usefulness and coherence – the last is

related to hermeneutics, because all levels of the study, from the beginning (thematizing) to the end (reporting), need to be connected (Kvale, 1997, p. 234).⁴³

It is important to point out that in the qualitative approach, no method can guarantee of truth. As Aigen (1996) states: “Because so much of qualitative research is dependent upon the skills, personal qualities and insight of the researcher, it is possible that a given method could be meticulously followed and still not produce valuable or trustworthy findings” (Aigen, 1996, p. 24).

In hermeneutics, the researcher is always contributing, being a part of the research, and therefore it is not possible to obtain objectivity. Gadamer writes:

Obviously, in the human sciences we cannot speak of an object of research in the same sense as in the natural sciences...Whereas the object of the natural sciences can be described ideally as what would be known in the perfect knowledge of nature, it is senseless to speak of a perfect knowledge of history, and for this reason it is not possible to speak of an “object in itself” toward which the research is directed. (Gadamer, 1975/2004, p. 285)

Gadamer does not reject the idea that certain methods can be relevant and even necessary and that a methodological decision can be necessary, but he maintains that knowledge achieved through methods is not the whole truth. In the *Stanford Encyclopedia of Philosophy*, the following comment on the relation between philosophical hermeneutics and the concept of truth can be found:

Trying, as the earlier hermeneuticians did, to locate the (scientific) value of the humanities in their capacity for objective reconstruction is bound to be a wasted effort. The past is handed over to us through the complex and ever-changing fabric of interpretations, which gets richer and more complex as decades and centuries pass. History, as Gadamer puts it, is always effective history. This, however, is not a deficiency. It is, rather, a unique possibility, a possibility that involves the particular kind of truth-claim that Gadamer ascribes to the human sciences: the truth of self-understanding. As we come, through the

⁴³ In the last section of the present chapter, I return to the discussion of criteria in qualitative research evaluation (see p. 132).

work of interpretation, to understand what at first appears alien, we participate in the production of a richer, more encompassing context of meaning—we gain a better and more profound understanding not only of the text but also of ourselves. (Stanford Encyclopedia of Philosophy, Summer 2009)

Hermeneutics is an interpretive practice of working to achieve understanding. The aim is to interpret and understand rather than explain. According to Gadamer, understanding is an “act of truth” and it is as much an art as it is a science; reliant on *phronesis*, practical wisdom, rather than on rationality. In other words, we can only obtain understanding if we read a text or meet another human being with a willingness to be open towards what the text or the person has to say; we must stay open to the truth-claim of the text or the person (Lübcke et al., 1982, p. 168). There is an ethical intension in Gadamer’s thinking which is connected to his opinion about truth as an *event* that we cannot control; it is not possible to set up rules or methods leading to the whole truth. Truth is an event and we can only take part in it, which means that truth is relational. Kvale writes: “Truth is constituted through dialogue; valid knowledge emerges gradually as contradictory interpretations and options are discussed and negotiated between members of a society” (Kvale, 1997, p. 234, author’s translation).

In this context, it is relevant to mention briefly the influential German philosopher Jürgen Habermas. One of his enduring interests has been the theory of knowledge and truth. Habermas holds that science cannot be free of values and interests; rather science is evidence of certain epistemological interests. Habermas makes a fundamental distinction between three different forms of realisation within science: a theoretical/objective interest (related to natural science), a moral/practical interest (related to the human sciences) and an emancipatory/liberating interest (related to the social sciences; Stanford Encyclopedia of Philosophy, 2009). Each type is steered by a certain interest and creates a specific form of knowledge.

Inside the human sciences, the language is the medium, and according to Habermas the truth of a statement must be determined through intersubjective communication and verbal discussion – a statement can never be regarded as a neutral mirror of the objective world. The validity of a certain statement about the world must be discursively established. According to the philosophy of Habermas, truth in the human sciences is always related to the people who are involved in the discussion. In order to be able to cope with the world, we must discuss and eventually agree upon

what we can call truth; we need to obtain *consensus* (Lübcke et al., 1982). The hermeneutical research in the human sciences is guided by an interest in obtaining consensus of understanding (Kvale, 1983). Kvale (1997) refers to Eisner (1991)⁴⁴ who argues that literary merit, art, poetry and the personal can be valid sources of knowledge:

Consensus validating is basically constituted by agreement in a group of competent people that a description, interpretation and evaluation... is right. (Eisner, 1991, p. 112, in Kvale, 1997, p. 241)

I will come back to questions about validity in relation to the present study on p. 32 ff.

Nevertheless, now follows the second part of chapter 4; in the next sections, concrete material from my study will be presented.

4.5 Participants

Recruiting participants, developing informed consent materials and considering confidentiality are basic issues in qualitative research design, which will be presented in the following. Moreover, as the reader will see, ethical issues are apparently imbued in every step that has to do with participants.⁴⁵

4.5.1 Recruiting

The participants in the qualitative inquiry are music therapy students, at Aalborg University, who are at the Master's level of their studies, with only one practicum semester left – and/or their Master's thesis. I chose to exclude students who had taken a leave from their studies and therefore had their self-experience training several years ago. I limited the target group to the older students for several reasons. Firstly, I needed to interview students who had finished their self-experience training so that they could reflect upon the processes. Furthermore, there was an ethical consideration for students earlier in their studies who are involved in experiencing – it may be difficult enough to be in the therapeutic processes and manage to keep their feet on the ground while they try to live up to the demands of the curriculum. Many students in the beginning work on letting go of the need to perform. Participating in research would likely be even more of a

⁴⁴ Eisner, E. W. (1991) *The enlightened Eye*. New York: Macmillan.

⁴⁵ Inspired from Steinar Kvale I made the working papers "Ethical questions at the start of an interview-study" (see confidential CD-R Appendix IV)

strain on the novice student. I further assumed that more advanced students would feel less pressure to participate.

It is very important that the students were provided with thorough information about the study before they decided if they would like to participate. I invited all students who fulfilled the criteria to an information meeting. In this invitation letter, I briefly informed them about the research study (see Appendix II, p. 38: first letter/invitation). At the meeting, I presented the background and goals of the research, as well as the framework and guidelines for the planned interviews with students. The possible advantages and disadvantages for participation were presented as well. Moreover, the students had the chance to ask questions and discuss important issues with me. Four students showed up at the information meeting. In the invitation letter I asked those who were interested but who did not want to or could not participate in the information meeting to mail or call me, and several students contacted me. In all, nine students volunteered to participate.⁴⁶

4.5.2 Informed consent

“Informed consent” is a term that refers to the decision of a person to participate freely in a research project. Informed consent involves a lot more than just asking a person to read and sign a consent form. The researcher has the ethical responsibility to fully inform potential participants about the project prior to their informed consent, as described above. Another very important aspect to keep in mind is that several factors may compromise an individual’s freedom to provide consent. The subject may feel under pressure if he or she has a relationship of dependency with the researcher. This is the case when the subject is a patient or a student of the researcher (Kruuse, 1989).⁴⁷ In the present study, I taught some of the students in the target group in 2005 – the year before the interviews. It is important that the “teacher-student” relations were over. However, we cannot rule out that the students were influenced by the former relation. We do not know if the former relation motivated participation or prevented any of these students from participating, since some of them chose to participate and some did not.

Finally, when the student signified that he or she would like to participate in the study, I asked him/her to read and sign the informed consent (see Appendix III, p. 385). The students were

⁴⁶ My plan was to conduct between 7 and 10 interviews. After reading about interviewing in different contexts, I decided this would constitute a substantial portion of data for my research purposes. Further, my plan was to draw lots if too many volunteered. I considered giving priority to an equal gender distribution, but as only one man volunteered this was not an issue. Compared with gender distribution at the Aalborg programme in music therapy, where 10-20% are men, one man and eight women as participants in the present study is an acceptable distribution.

⁴⁷ Sometimes participation in a research project is the only chance for a patient to get music therapy treatment. It is also sometimes the case that research projects are integrated into the educational programmes. Due to ethical considerations, it can *never* be required for a student or a patient to participate in any research study (Dileo, 1995).

informed that if they regretted their participation at any time, they could withdraw from the study. Dileo holds that true informed consent is a continuous process that may be withdrawn at any time (Dileo, 1995).⁴⁸

Through telephone calls and contact via email, I informed the nine participants about the informed consent to make it very clear what I expected from them as well as what they could expect from me. The most important issues concerning consent were: information about the research study, assurance of anonymity, and information about procedures before, during and after the interview. Further the student was assured of a member check of the transcripts.⁴⁹

I also assured potential follow-up contact if needed, and that the analysis of text and music would be sent to the students with the possibility of commenting on it.⁵⁰

4.5.3. Confidentiality

The research process in itself aims at discovering, gathering and sharing information. At the same time each subject who participates in the research has a right to privacy. This is a conflict in research that we have to recognise. It is important to give serious thought to the ethical question of how our “right to know” is balanced against the participants’ right to privacy and self-determination (Robson, 2002).

As mentioned above, the informed consent assured anonymity. How the confidentiality of the interview participants could be protected was an important issue. The music therapy milieu in Denmark is rather small – and it could be difficult to anonymise the material completely. In particular, those music therapy students from the same year as the participating students would probably be able to recognise the identity of the subjects. The participants were informed about this problem: it was important that they were aware of the limits of confidentiality in order to make an informed choice regarding participation.

Further, I informed them that the raw material would not be publicly available.

⁴⁸ I had to expand the informed consent during the process, since I realised that it would be necessary for the vignettes the students gave me in the beginning to be integrated in the pool of data. Further the amendment asked for consent in relation to my considerations of writing narratives for each student, which would make it difficult to secure full anonymity, since former fellow students or teachers maybe recognize the person. All participants except one gave their informed consent to the amendment (see Appendix III, p. 385).

⁴⁹ Transcriptions of all nine interviews are not public, but available for the Committee on the accompanying CD-R with confidential material.

⁵⁰ A further comment to the issue of assuring a member-check of transcriptions, and that students could read the analysis and comment on it, is that it corresponds to what Brinkmann calls “allowing the object to object” – a kind of ethical as well as scientific objectivity at least in qualitative research. I shall return to this issue later, see p. 93.

Moreover, it is important to be aware in a qualitative study that even to protect the identity of participants can contribute to unethical research, due to the fact that very closed and anonymised data-material might be difficult or impossible to follow and check. Brinkmann points out:

So even anonymity, which is often presented as an essential part of the ethical code, can function as a power technique that silences the participants and leaves the researcher free to interpret according to her own research interests (I do not however, mean to say that this is always the case). (Brinkmann, 2007a, p. 128)

To participate in a study is after all a matter of trust. The interviewed person needs to trust that the interviewer and researcher will treat the data with dignity and respect. This is also why participants can withdraw their consent at any time they do not feel the necessary trust anymore.

4.5.4. Consequences of the study for the participating subjects

A basic ethical question to ask is what the consequences of the study might be for the participants. For example, will the interviews approximate therapeutic relationships, and if so, what precautions can be taken? I have considered that the consequence of the present interview study is that the participating student would be opening up and handing over a great deal of personal material. It is a sensitive issue that is in focus, and after a short time the student might develop a kind of relationship with me, as someone who listens and dialogues about his or her thoughts and feelings. I consider my therapeutic competencies to be highly relevant in this context: to be able to create contact, time the interview properly and, not least, to find a good way of closing down the interview. If the interview approximates a therapeutic relationship, I consider it to be an advantage that I am a clinical therapist so that I will be able to know how to create this delicate balance. As described above, the informed consent notes that the student can ask for extended contact if he or she needs that. This is not the same as promising the possibility of therapeutic contact with me; if there was a need for such therapy, I would refer the participant to another therapist. I find it ethically critical that a kind of safety net is there so that participants feel they can get in contact with the researcher if they need that. This is also why the informed consent assures that participants can read transcripts and read the results of the analyses.

In the present study, none of the nine participants asked for an extended conversation or a follow-up interview. A few of the students contacted me by mail a couple of times after the interview.

Another ethical question is how the study might influence the condition of the participating subjects (Kvale, 1997). As mentioned before, there are not many studies that advocate the students' perspective (Hougaard, 2004). The music therapy students who participated in the interviews got a chance to reflect upon their personal learning processes in a new light, and thus the study might have been of value to the individual students. The students as a group are in a position in which self-experience subjects are mandatory; they have to accept teachers and therapists employed in the programme. The power relation between a student and the authority of the programme is clearly asymmetric. Even if the interview situation also constitutes an asymmetric relation between the researcher/interviewer and the interviewee, I would argue that the interview gives the student the potential to speak and be heard.

4.5.5 Risks and benefits for participants

It is a common rule in ethical research that the "predictable risks" must be compared to the "predictable benefits" for the participants. The protection of the participants must always be primary to the interests of science and society (Kruuse, 1989; Robson, 2002). When I met with the students prior to the empirical study, the students were informed about the possible benefits and the possible risks in relation to participation. To sum up, the "risk" was related to the fact that it was the personal development and intimate experiences from being in the client position that we would be examining during the interviews. On the other hand, the benefits from participating might be that the student got a chance to have a dialogue about the processes with an active and sensitive listener, and the interview might turn out to be a very helpful opportunity for self-reflection. The students had the opportunity to "tell their stories" – their personal truths. Some of the responses from participating students illustrate how they felt about the interview and about reading the transcriptions from the interviews (see some examples in the section about transcription, p. 104). In relation to the transcriptions, the students' comments were positive. As the material from the interview is analysed, one benefit may be that important issues clearly stand out and thereby support the student in grasping and understanding the whole process in a meta-perspective (Amir, 1996). In the context of the present study, the *risk* is that the unique student may feel that the rich material from the interviews is reduced, and they might feel bad about a possible difficulty arising from identification of their personal details. Another possible risk to the participants might be that the interviewer/researcher has a monopoly on the interpretation (Brinkmann & Kvale, 2005). To reduce potential consequences of this risk, I asked the participants to evaluate to what degree they could identify with the texts I had produced as a

result of the interpretation analysis. I will present this evaluation from the student participants in chapter five (see p. 195).

It is a fact that ethical problems may arise in the process of conducting a research study. It is very important to be attentive to this. It is the ultimate responsibility of the researcher to treat participants with respect and to not violate their trust (Dileo, 1995). I consider the present study to be challenging in this respect, because, as I said, the music therapy milieu is small, and I have the feeling now as I write the thesis that my responsibility to protect the participants is far from over. I need to be continuously aware of my ethical duties as well as the rights of the participants as I report on and present this study now and in the future.

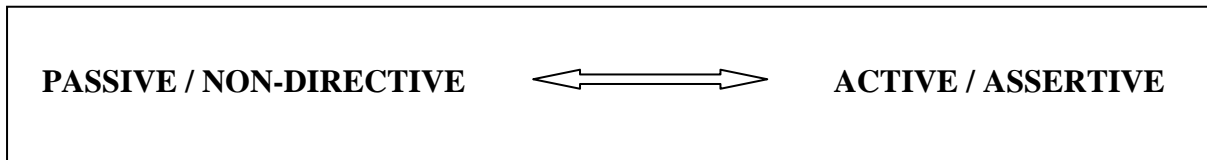
4.6 The Qualitative Interview

In this section, I present, in a dynamic interaction with theory, how I actually work with the qualitative research interview. Firstly, I discuss what kind of interview I did and what kind of role I had as an interviewer. Next, I describe some general ethical issues related to an interview study. After that follows a concrete description of how I prepared for and conducted the interviews, and by the end of the section the analysis I chose are presented. I am presenting concrete examples here, since almost all available appendix materials are in Danish.

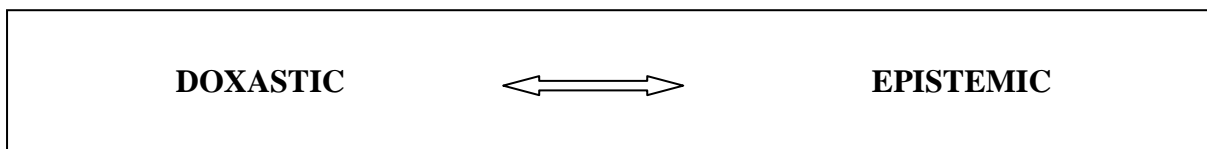
4.6.1 Interview styles

The qualitative research interview is literally an “inter view” – an exchange of viewpoints between people who are talking about a theme of common interest (Kvale, 1997, p. 15). One strength of the qualitative interview applied in research is that it is a method that can grasp diversity and complexity in the viewpoints of the participants. According to Kvale (2003, 2006), to conduct a qualitative research interview is a *craft*; there is much to learn and the researcher needs to “learn it by doing” since it is not possible to follow a set of rules in order to get a valuable interview. The researcher is left to his or her own competencies. The researcher should do a thorough preparation, thinking through a possible structure and possible questions as well as doing practical training, through for example observing others interviewing, transcribing interviews and by doing pilot-interviews (Fog, 2005; Kvale, 2006). According to Mishler, the interview is jointly constructed by interviewer and interviewee; both questioning and answering develops through a mutually adjusted discourse (Mishler, 1986, p. 52).

A qualitative interview can be accomplished in many ways. One way of distinguishing between different forms of interviews is to categorise the interviewer style as either “passive” or “non-directive”, as opposed to an “active” and “assertive” interviewer style (Kvale, 1997; Brinkmann & Kvale, 2005; Brinkmann, 2007b).



Set up as opposite ends of a continuum, at one end the life-world and experiences of the interviewee are uncovered by the interviewer, and the interviewer is passive in the sense that the goal of what he or she is doing is to find what is already there. At the other end, the interview is a dialogical co-production of knowledge between interviewer and interviewee – the interviewer is seen as an active co-player who subjectively contributes to the creation of knowledge. Brinkmann (2007b) elaborates on the topic by presenting another set of opposites; inspired by Greek philosophy and Socratic dialoguing, he distinguishes between the types of qualitative research interview as either “doxastic” or “epistemic”.

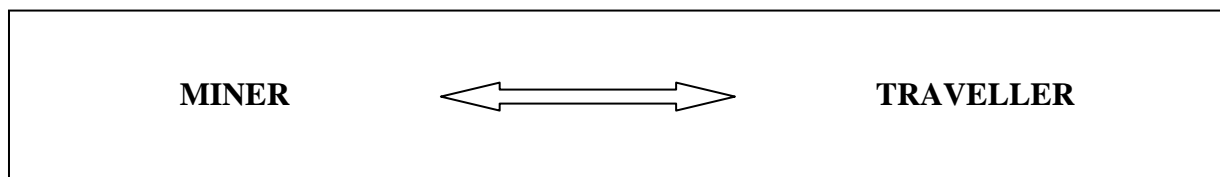


In a typical research interview today, Brinkmann says, the focus is on the experiences and opinions of the interviewee, and that corresponds to a “doxastic interview”, whereas the active interview that allows the interviewer to question, confront and challenge the interviewee corresponds to an “epistemic” interview. According to Brinkmann, the latter utilises the knowledge-producing potential of the research interview to a greater extent, and he recommends that researchers conducting qualitative interviews consider the possibility of being more epistemic oriented rather than doxastic.

It is not clear whether it is possible to define a certain qualitative interview as either “passive or active”, “doxastic or epistemic”, or perhaps it is a simplification of the complexity of the situation. There are always different ways of being passive or active, non-directive or directive, and the

style of the interviewer may not be exactly the same all the way through the phases of an interview. It is important to mention that Brinkmann (2007b) presents the terms doxastic and epistemic as the two ends of a continuum, which means that you do not have to conclude that an interview is either one type or the other. Still, it is worth questioning whether a “passive/nondirective” interview is possible at all. It could be argued that listening is always an active position, since it demands an immense processing of information to be in a listening position. Further, the way you listen and show your responsiveness through facial expression and body language may direct the interview as well. It is an active act to listen to another human being, to stay open and receptive to what the other human being presents (I. N. Pedersen, 1997, 2000, 2006). Essentially, the style of the interview needs to be in line with the purpose of the study and in line with whom the participants are. I return to this matter in the section on ethics (see p. 94).

Considering the interview style of the interviewer, it is natural for me also to introduce the metaphors used by Steinar Kvale (1997) to illustrate two different ways of knowledge formation: the interviewer as a miner or as a traveller:



The miner is searching for knowledge inherent in the interviewee and tries to uncover nuggets of essential meaning through digging with his questions. The traveller goes together with the interviewee on a trip into landscapes of exploration and afterwards the interviewer has a story to tell the world which is constituted by common contributions from both interviewer and interviewee.

Kvale defines in his major work from 1997 the qualitative research interview as a semi-structured “life-world-interview”, which aims at gathering descriptions of the life-world of the interviewee, the goal of which is to form an interpretation of the meaning and importance of the phenomenon described (Kvale, 1997, p. 41). As far as I understand, this definition primarily refers to a kind of interview that leans towards the interviewer as a miner perspective. On the other hand, when Kvale for example recommends for the interviewer to actively engage in the dialogue by doing interpretive work already in the interview, and acknowledges that interpretation is not only

something for the interviewer or researcher to do afterwards, it could be argued that the style of the “life-world-interviewer” may very well cover both the miner and the traveller metaphors. When it comes to practice, it is difficult to define the interview in a narrow manner, which is also the case in the present study.

Though there may be a risk of reducing and polarising the interview when applying the metaphors of the interviewer as either miner or traveller or the interview as either passive/active or doxastic/epistemic, the advantage is analytical: metaphors or opposites hold up a mirror to the individual researcher/interviewer who may then be able to position the interview in a clear way, and further they form a basis for discussion between researchers.

4.6.2 Defining the interview and role of the interviewer in the present study

The present study included a series of qualitative research interviews that cannot be defined unambiguously as receptive (passive) or assertive (active). Rather, a dynamic exchange of different types of interactions and questioning occurred in the interviews.

The topic of the research and the research question ⁵¹ suggested an interview frame that gave each student plenty of room to speak about personal experiences and an interviewer who was capable of listening to each narrative. It was close to a therapeutic interview, but the research interview differed nonetheless:

It is difficult to draw an acute line between a therapeutic interview and a research interview. Both may lead to increased understanding and transformation, though the weight is on personal change in the therapeutic interview and on intellectual understanding in the research interview. (Kvale, 1997, p. 38) ⁵²

The primary purpose of this study was to listen to the words and the music of each student to create knowledge about what they learn through self-experience; I would describe my role as primarily an active interviewer. I was engaged as I listened and I questioned – sometimes to make sure that I understood what I was told, sometimes to elaborate on oppositions in what I was told. Several times I had the experience of creating new knowledge together with the student. I actively mirrored the story so to speak and together we reflected upon emerging images, feelings and

⁵¹ The first research question was: How do students experience and verbalise their learning processes, being in the client position, in the mandatory self-experiential training in the Aalborg Music Therapy programme?

⁵² I do believe though that my foreknowledge in the form of experience as a therapist in therapeutic practice prepared me to conduct the interviews.

thoughts. Thus, according to the opposites suggested by Brinkmann (2007b), my interviews might be seen as “doxastic”, since each interview had its focus on the experiences of the student for whom I was a supportive listener – and even though I sometimes questioned the student’s views and I was engaged in the dialogue – in the knowledge-production, the dialogue was not epistemic in a Socratic sense.

In the following, I would like to give two different examples from the same interview transcript. The first example illustrates the active dialogical approach where the student and I create new meaning through our conversation:

Table 5: Interview example 1: the interviewer as co-constructer of knowledge

H: Music connects heart with heart, experience with experience – there is not a lot of interpretation, not in the experience in itself, but afterwards when you talk about it, when you have to write it down, then you have to transfer the energy...

I: So what did it mean to you that in this program you were presented with some demands about reflecting and verbalising?

H: Mm, it has also been difficult now and then. Sometimes – not all the time...
...Sometimes it has been transgressive to reflect about how I work with clients – because, what if I do something wrong?

I: You mean – what if you think something wrong, or have done something wrong?

H: Yes, what if I reflect upon what I have done, and then I realise that I did something wrong?

I: Aha.

H: I think it has to do with that – and when I am present in the non-verbal state, I really like to stay there.

I: Hm – like being in it and trusting what you do?

H: Yes...

I: On your way through the different subjects with self-experience in the programme, the verbal level of reflection is included in the form of therapy –

H: Yes, that is clear and that is okay as well, because you are certainly in the middle of the experience – which we also are now, you and me right? And if I was supposed to present what we just talked about I would probably be able to do it ...

I: So, what you are saying is that while you have been in these processes and you have been improvising for example and afterwards you were asked to verbalise...

H: – Yes, that can be difficult

I: It is a kind of transformation and it can be difficult?

H: Sometimes ... it was difficult, I think, to step out of the experience...

I: How did you manage to stay in this program where it is required that you step in and out of the experiential processes again and again?

H: Because this is exactly what is exciting about it. Because I am terribly bodily focussed and I am terribly intellectual at the same time, and I love to read scientific literature...even during my summer holidays...

I: So, you have also a love for –

H: For words – yes indeed I have...

In this first text example, as the interviewer I was actively engaged in the dialogue and it illustrates how new meaning was created in the interview situation. I try to validate my understanding of what Heidi says.

Secondly, I would like to provide another example from the same interview, which illustrates a different approach from me as interviewer. The reader should imagine that the tempo of speech in this example is slower and my attitude as the interviewer is more listening, waiting and being affirmative. I offer a consistent empathic attitude and acknowledgment of the student's unique landscape of experience, through mirroring her words and giving her time to reflect:

Table 6: Interview example 2: The interviewer as an empathic follower

H: I became a mother to my own inner child.

I: Yes, you became a mother to the child – and you took it by the hand...

H: ...and accepted it.

I: You accepted the child.

H: There were 3 phases as far as I remember... The first one was my anger, and I call it "I won't" – I wouldn't do anything... I was noisy, I simply made so much noise and I took up all the space.

I: And you had this feeling of "I won't".

H: Yes, I wouldn't do anything – go away.

I: An anger that just – refuses everything?

H: And then in the next session we changed roles...I was shocked about the noise – because when you play noisy yourself it is very different than it is to listen to someone else's noise (laughing a little).

I: Yes

H: And...nothing happened before I began to sing to the child – ... (text piece left out)

I: You realised that you were able to get in contact with your inner child through singing to it?

H: Yes, but it is also transgressing, because then you need to really want it, you need to want this child...

I: Yes.

H: And not just dismiss the child. Not dismiss it, nor reshape it so that it fits an image you've got.

This part of the interview illustrates a different way of being present and attentive in the interview compared to the first example. The insight that the student developed in the second example was not directly linked to a joint creation of new meaning – rather I was following with empathy her elaboration of a theme about her inner child. It seems that I was drawing on my training and experience as a therapist. I agree with Kvale (2003) when he states that therapeutic interviewing and research interviewing are two different things that certainly involve different ethical issues and require different skills; but still, academic interview research of today may learn from the therapeutic encounter, which includes listening to a wealth of nonverbal information: “The therapeutic attention to the personal interaction in the interview, the open listening and observing, the focus on a bodily human being may also be of value to academic interview research” (Kvale, 2003, p. 288).

In my attempt to define the interview style of the qualitative research interviews in my study, I am acknowledging the complexity of my way of interviewing. With my background as a therapist, I am aware of my role in the interview situation, and I know how to allow a person to find his/her own tempo of speech, and support him/her while he/she tells a personal story in his/her own way. And I know how to keep the attention focussed on the subject of my research interest in self-experiential learning. Another possible definition might therefore be “in-depth interviewing”. Mishler refers to Paget ⁵³ who did some interesting hermeneutic interview studies where she was very explicit about her own role in the jointly produced story of the interview. Paget noted that the

⁵³ Paget, M. A. (1983) Experience and Knowledge. *Human Studies*, 67-90

distinctive feature of in-depth interviewing is “that the answers given continually inform the evolving conversation” (Paget, 1983, in Mishler, 1986, p. 97), and she suggests that her approach, where she is open and searches for ways to ask what she wants to learn, creates a situation in which the interviewee too is engaged in a search for understanding.

I can identify with Paget, and in accordance with the theory of hermeneutic inquiry, I will conclude that I have been a reflective interviewer in this study, coloured by my background as a music therapist, engaged in the experiences of each student that I interviewed and at the same time engaged in an interpretive approach already during the interview.

Both interview examples that I presented above were leading to the development of understanding. To be able to dialogue in a way that leads to understanding also claims that the interviewer is aware of ethical issues, and I shall now continue by elaborating on this matter, firstly by presenting another short text example.

I would like to exemplify how it is possible to “pragmatically allow the object to object” (Kvale, 2003; Brinkmann & Kvale, 2005). In principle, an interview is a research situation in which participants are allowed to talk in their own terms and also to resist and object to possible interpretations of the interviewer (Kvale, 2003, p. 291). As mentioned, I often tried to validate my “first hand interpretation” by asking the student if I had understood correctly the meaning of what I was told. Dialoguing with the student Olivia about her experience of creativity in the role of either client or therapist in the self-experiential training, I asked several times to try to understand, and Olivia also corrected me in my interpretations. The following is a short excerpt from a longer dialogue:

Table 7: The process of validation in the interview

Interviewer: ...but as I understand, it is a bit different when you practice being in the therapist position. The way you are in that position is...

Olivia: Yes, in that situation I feel that I use my creativity.

Interviewer: In that case you use your creativity?

Olivia: Yes, in that case I use it – and it is related to the use of empathy, to sense the situation and connect it to intuition; what is needed here, what kind of instrument is needed in relation to what the client is choosing. Interviewer: So this has to do with connecting to something that

you think? You call it intuition, but do you mean that it also has to do with drawing on your experience, your knowledge of instruments and so...?

Olivia: No, I would rather say that I refer to a bodily sensation of what is needed in this situation.

Interviewer: Aha.

The example above illustrates that the interviews were also a place for me to learn about and understand how the participants experience and think. As previously described in the section about foreknowledge and the act of understanding (p. 72), it has been my ambition to stay open and at the same time authentic: not leaving who I am, my personal and professional foreknowledge and the purpose of my study.

4.6.3 Ethics in relation to interviewing

The qualitative research interview has some obvious inherent ethical and moral dilemmas. It is a research method that relies on a confidential dialogue; on the one hand, it is a situation in which the researcher has to show interest, has to make contact and has to be empathic with the interviewee because the researcher wants his/her empirical data. We cannot force this openness and confidentiality to be there and it would be unethical to pretend it is there. On the other hand, it is a scientific dilemma, since the qualitative researcher/interviewer needs genuine and truthful data material, which are only possible to collect through authentic and open contact with the interviewees (Fog, 1992, 2004). Thus, the ethical dilemma is that the researcher wants the interview to be as deep and probing as possible, with the risk of “trespassing” the person, but be as respectful to the interviewee as possible with the risk of getting empirical material that only scratches the surface: “There is an inbuilt contradiction in the qualitative interview, springing from the openness and reciprocity of the conversation on the one hand; and the conversation used as a means to an end, used as a method, on the other hand” (Fog, 1992, p. 221). And because of this contradiction there is a distinct need for ethical thinking in relation to the qualitative interview. After all – if real interest and an open attitude are not possible, the chance of understanding is lost. This corresponds to Gadamer’s thinking of how understanding is possible to obtain (see p. 74).

In any interview study, the participants influence which interview style would be most relevant and ethical to employ. In this study, the participants were still students and they were asked to talk about sensitive and intimate issues around self-experience. As mentioned above, the style was in

some ways close to a therapeutic interview because of the personal material. It was important to proceed with caution and it could have been unethical to be very confrontational or to “cross swords” with the student (Tanggard, 2006).⁵⁴ Even so, I had to be aware that I should not be too empathic in the interviews, it was important to be critically suggesting some interpretations along the way in the research interview, to strengthen the validity of what I heard from the student. I also regarded the students as mature, accountable and responsible persons, with whom it was relevant and ethical to actively dialogue (Brinkmann, 2007a).

Brinkmann and Kvale (2005) have pointed out that the empathic and attentive interview style may seem ethical at first because of the nice, warm atmosphere that usually characterises such interviews. But, they may as well be manipulative and unethical because the unequal relation gives power to the researcher/interviewer. The Danish professor of psychology Jette Fog has used the metaphor of the Trojan Horse to illustrate how the researcher/interviewer is brought behind the borders of the participant: shrouded with empathic warmth, the interviewer seduces the interviewee to divulge more than what feels all right for the interviewee (Fog, 2004, p. 24).

Following this line of thought, the active, confronting and epistemic interview could be evaluated as ethical because of the clearness and transparency of the researcher/interviewer who keeps his or her agenda open, which may result in more equal footing in the interview situation.

I would argue that it is too difficult to answer whether a certain type of interviewing is ethical; it depends on the specific situation. As earlier mentioned, it is not possible to set up general rules for an ethical practice – since variations and exceptions always occur. It is also important to remember that most often the participants/interviewees are people who are able to object to and adjust what the interviewer is saying. Nevertheless, we have to be aware of the power asymmetry of the research interview:

We may conclude that a research interview is not an open and dominance-free dialogue between egalitarian partners, but a specific hierarchical form of conversation, where the interviewer sets the agenda in accord to his or her research interests. (Kvale, 2005, p. 8)

⁵⁴ “Crossing swords” happens when the discourses of interviewer and interviewee cross each other – in that case the qualitative research interview can be understood with the use of “battlefield” as a metaphor (Tanggaard, 2006b). Thus, the power relation between interviewer and interviewee is illustrated very clearly. In the present study, the research interviews did sometimes have temporary parts with discussion, but basically I know the discourse of self-experiential learning so well that “crossing swords” did not occur.

Besides the asymmetrical power relation of the interview, Brinkmann and Kvale (2005) further outline some power characteristics of the interview: the interview is a *one-way* dialogue, it is an *instrumental* dialogue and the interview may be a *manipulative* dialogue (p. 164). Of course it is possible to discuss whether these characteristics hold for a specific interview. But there is no doubt that the researcher/interviewer always needs to consider and be aware of the responsibility he or she carries as a consequence of the power he or she holds. Ethical problems and moral dilemmas are unavoidable and we must relate to them in the concrete, whenever we meet them (Fog, 1992). We need to focus on the ethical perception and judgment: *phronesis* (Brinkmann & Kvale, 2005, p. 174; see p. 67).

Therefore, ethics is an essential part of the research process no matter which kind of inquiry; it is not reserved for reflections on a meta-theoretical level, rather ethics must be taken into consideration in the concrete accomplishment of the study. Kvale defines the interview study as having seven stages: thematising, designing, the interview-situation, transcription, analysis, verification and reporting. It is possible to ask ethical questions at all seven stages (Kvale, 1997, p. 124). The questions I ask and the answers I suggest are integrated in the text of the current chapter; for example the section about participants (p. 81) was imbued with ethical considerations and decisions.

Brinkmann and Kvale (2005) recommend questioning how the researcher's role generally seen will affect the study. For example, I must ask myself: How can I as a researcher in the present study avoid over-identification with the participants and thereby lose a critical perspective on the knowledge gained? As mentioned in the introduction of this thesis, I graduated from Aalborg University – and from the same institution I am conducting my inquiry. I am coloured by the tradition that I am a part of. I know the programme from the inside. In a hermeneutic inquiry, it is an advantage to have thorough knowledge about the field of research. As previously noted (p. 73), foreknowledge is not a hindrance in the development of understanding – it is good to have background from which to learn something. But still, it is not less important to be aware of my role, and of course my foreknowledge could have been used negatively and become a bias if I manipulated the participants and lost my openness.

I have been a student, I have been employed as an individual therapist in the Aalborg programme, and now I am a researcher – and it would be a pitfall if I over-identified with one of these three positions. In the discussion chapter I will elaborate further on the issue of whether I have over-identified or been biased.

4.6.4 Preparation for the interviews: Vignettes and self-reflection

The students who agreed to be interviewed in the current study were asked to write a few vignettes (short narratives) to reflect upon something they found important in the process of self-experience during their training, and send them to me before the interview. The purpose was to prepare both of us for the interview.⁵⁵

I received the vignettes and I did the following: I read them very thoroughly and then I wrote down the thoughts that came to mind, followed by a list of cues in relation to interviewing this specific student. Thereafter I briefly meditated, during which I concentrated on the themes I found to be most outstanding from the vignettes and my associations. The purpose of the meditation was to clarify my position and personal spontaneous reactions to what I was told. Through this process it became possible to be aware of my own fore-knowledge, including the definition of the specific “field of curiosity”, and formulation of keywords and possible questions in relation to the forthcoming interview. This individualised form of tuning in to each unique student I was going to meet constituted a strengthened focus together with the preparation of a semi-structure for all the interviews, which I describe in the next section. However, before that, in the following text, I will exemplify the process of preparation with excerpts from the two vignettes from Anja and some of my related notes. Anja wrote in her first vignette:

...I was very sad and confused and I felt that “now it is really me who needs help”. I was so tired of sitting quietly in the group while others broke down in turn and got a lot of attention and help while I got nothing and was not seen. Not being seen or getting help because I do not look like I need it is a much too well known theme in my life. Therefore, it was an extreme thing for me to reach out my hand and ask for help, show my vulnerability. But even though I sat there extremely sad between a lot of people and with a therapist, I felt so alone and it felt like nobody held me...

In the second vignette Anja wrote:

The therapist played the bass and I played the piano. She kept repeating one note on the bass; it was safe ground for me. Never before, since I was a child, had I the experience that someone really laid the ground for me to play on in a free way. It had an extremely strong

⁵⁵ All vignettes are available for the Committee at the CD-R

impression on me. I felt like a playing child. Afterwards she said: “How fine it was to be your bass,” which also had a great impact on me. She said she had the feeling of being my father, which corresponded to my own experience so well... I was deeply touched by this improvisation, and it has left imprints in my mind. I actually experienced that I could lean against someone – and even more important: I liked to do it.

After reading the vignettes several times, I wrote in my notes some keywords in relation to each of the two vignettes and I summarised that the student in the first vignette had negative experiences concerning the group, the therapist and the music, which she did not feel was used in any therapeutic way, and the second vignette was characterised by the experience of safety and to be met and through that discover a very important personal need. In this case the music had a strongly positive impact. Next to that I had a spontaneous emotional reaction that I noted down:

I sense a feeling of sorrow in my chest, a squeezing around my heart, a lump in my throat. And I feel anger, like when I hear about a child who is hurt – and the child is so vulnerable and defenceless and it is unbearable that no adults are able to take care and protect the child... I am aware that something in this story triggers my own vulnerable inner child as well as it affects my professional pride and ethical thinking.

In the meditation I concentrated on my own history; I tried to follow traces back step by step to some of my first therapeutic experiences, and I did find both positive and negative memories. The feeling of surrendering to a therapeutic process – possibly due to the feeling of safety and warmth in the therapeutic room, and contrary feelings of anxiety and discomfort in a difficult therapeutic situation.

In preparation for the interview, I concluded that an important aspect would be to create a safe atmosphere in the interview situation, which included an awareness of contrasts and giving space to opposites in the conversation. I assumed that painful memories might occur. I noted down that my job was neither to defend nor to accuse the music therapy programme; I would not be able to solve or repair anything.

In my conviction it is conceivable that my preparatory work with thoughts and feelings on many levels made it possible for me to take responsibility and conduct a qualitative research interview in a sober and inclusive way. In relation to the ethical aspects that I have described in an earlier

section, I have now exemplified how my preparation increased my awareness of the asymmetric power relation, and how I carried an ethical obligation and responsibility in doing my best to take care that the situation of opening up and describing difficult things would not be a transgressive or in any way uncomfortable experience for the participating student.

4.6.5 Interview guide ⁵⁶

I prepared the semi-structured interviews on various levels. First of all, I structured the interview to be divided into four phases:

Table 8: Four-phased structure of the interview

1. Introduction from me as the interviewer and next asking open-ended questions that invite the student to speak.
2. Listening to the improvisation that the student brought to the interview and talking about it afterwards.
3. Taking the interview guide (with common as well as individual themes and questions) into consideration to be sure that we talk about the issues I had pinpointed in advance of the interview.
4. Ending, including eventually some direct and concrete questions.

In the semi-structured guide, I suggested a formal introduction to the interview followed by a few open-ended questions to begin with, like: *Can you begin by telling me, in a free and associative way, what you think of, feel or visualize when I say “learning through self-experience”?*

In relation to the second phase, I prepared myself to stay open and listen to the music and what the student felt and associated.

In the third part of the interview, I had a structure of different overall issues that I could ask the student to explore: experiences of the client-position, the music as a therapeutic tool, personal growth, insight in relation to music therapy as a discipline, joy, pain, the meaning of different self-experience subjects in the programme, individual versus group experiences, inspiration, creativity, the relationship(s), spirituality, difficult times and the future. These issues came out of my own foreknowledge in combination with discussions with my peers and my supervisor.

⁵⁶ The full interview guide can be found in Appendix IV, p. 391ff.

In relation to the fourth part of the interview, I had prepared some possible concrete and direct questions to ask, like: What is your opinion about having therapeutic subjects and self-experience as an integrated part of the program? Do you have good advice for the coming music therapy students in relation to learning through self-experience in music therapy?

I was aware that different types of questions would work differently in the interviews and as overall preparation, I worked before the interview with different types of questions: introductory questions; follow-up questions; probing questions; specifying questions; direct questions; indirect questions; structuring questions; silence and interpreting questions (see interview guide Appendix IV, p. 391ff) (Kvale, 1997, p. 138).

As an immediate continuation of each interview, I wrote for half an hour in my reflexive log about everything I felt or thought. Next, I meditated; this time I concentrated on serenity and based on the silence and calmness I wrote afterwards the keywords that came into my mind. The reason why I did this was firstly to continuously keep an eye on how I related to the interviews; secondly, I assumed that the thoughts and issues that came to me could be important information related to the interview.

4.6.6 Experiences and reflections from a pilot interview

Acknowledging the position that interviewing is a craft you need to work with very concretely to be able to do a qualitative research interview of high quality, I decided to do a pilot interview with a music therapy student in her last phase of her Master's study. I tried out the whole planned procedure of: 1) asking the student to write a few short vignettes and send them to me, 2) asking the student to bring musical material from the process of self-experience; 3) reading the vignettes and writing down notes 4) meditating as an aid to clear my own position preparing for the interview. I found out through the pilot that this preparation procedure worked very satisfactorily. The student agreed to have the interview video-taped. The purpose of creating a video was to give me, as the interviewer, a chance to observe and evaluate my own role as the interviewer. After having done the interview, I looked through the video-tape and I observed how I worked as an interviewer, and I made some interesting discoveries: I sit in an open position and I look directly at the interviewee; I nod and I show with my body and facial expression that I am listening very carefully. When I speak, my expression differs a lot – it is very lively and maybe inspiring to the student.

What I observed concerning the non-verbal communication during the interview caused me to reflect about the metaphors from Kvale (1997) that I noted earlier: I participate in the conversation both when I listen and when I speak – thus I do not see myself as passive. Through my speaking I show my engagement and I contribute to the conversation, not with subject matter alone, but with vitality, energy and warmth as well. I am certainly a travelling companion. I am a miner too – not just because I am asking the student to express herself about certain matters, but because my accompanying vitality and curiosity encourages the student to tell more and elaborate on the themes. The two metaphors that may seem to be contradictory at first are thus intertwined in many delicate ways. I have written in my log:

Something is there already; the student holds unique qualities and essential experiences which need a special interview milieu to be evoked. At the same time I realise that what I see of what is there depends on what I shed light on. What part of the event that the student talks about do I as the interviewer ask for? The processing of the experiences and events of the interviewee is conditional on the fact that we are two of us talking together about it, and my questions, my interest and my mirroring and reflecting gives life and colours to the student who is now feeding his or her own contribution. Thus I do acknowledge that it is not a “clean” story that I as interviewer get out of the interviewee, as a miner digging out the gold. On the other hand, acknowledging the metaphor of being a traveller together with the interviewee, I consequently also need to acknowledge that the interviewee (and me) has travelled a lot before this trip, together with others, and so he/she does know something about travelling, about certain places to go etc. – and therefore all that we elaborate on and create together on this journey, during this specific interview, are coloured by earlier experiences.

This way of understanding the interview corresponds with hermeneutic inquiry and the thinking of Gadamer, as I presented in section 4.4 p. 70. Both interviewer and interviewee are embedded in history and culture – it is not possible to create knowledge that is not bound to what we already know. But we can try to be aware of what we know and aware about our viewpoints, and be open to meet what is different and thus expand our horizons.

The pilot interview taught me about the importance of both listening and engaging in the conversation. Thus, I defined my role as interviewer as both open to and receiving of the

interviewee and the themes and stories that he or she brings, as well as being lively, contributing to the creation and forming of the themes and stories. The reflections further made it clear to me that there will always be something that is hidden – knowledge, experiences, stories that the interview does not hold – a realisation that might help me to stay open and accepting in relation to my participants and my data.

After doing the pilot,⁵⁷ I felt ready to continue with the interviews for the study, with the same structure and the same approach as in the pilot, but with more clarity around my role and my underlying complex opinions about knowledge production.

4.6.7 Transcriptions and member check

Transcribing interviews is a very time consuming process and therefore it would have been preferable to find an assistant to do the job. On the other hand, it was easy for me to do it: I had conducted the interviews and I was able to remember the interview as it was, and I assumed that I would be able to transcribe very closely the spoken words. According to Kvale (1997, p. 161), the memory of the interviewer will include the visual impressions, the atmosphere of the interview and the interpersonal interaction, which a tape- or video-recorder would not be able to reproduce. Further, Kvale states that transcribing is not a simple technical activity, but rather a process of interpretation in itself. So I decided to do the transcriptions myself, knowing that the time consuming work would be a thorough process of contact with the data, and therefore a relevant step in the ongoing analysis.

Doing a good transcription demands certain practical and technical equipment to be in order. The interview needs to be done in a room without noise and with a recorder of high quality. It is necessary to thoroughly prepare this to reduce the stress of transcribing.

Knowing there are a lot of decisions a transcriber needs to take, I worked out a manual for the transcribing process to be sure that I would do coherent and consistent work. The aim was to do a transcription quite close to what was said, but also to make a reasonable and fluid text that would be possible to read and understand.⁵⁸

It is important to keep in mind that the interview transcriptions are actually not the basic data of the study, since it is a *trans*-formation from an oral dialogue into a written text, which is another kind of communication. It is difficult to look into the reliability of an interview transcription.

⁵⁷ Later in the process of data collection, I agreed with my supervisor and the pilot participant to include the data from the pilot interview in the study; thus the pilot interview is one of the nine interviews.

⁵⁸ The transcription guide is presented in Appendix IV, p. 393.

Kvale refers to studies that illustrate how difficult it is to get people to transcribe the same material – even with instructions like those I made (Kvale, 1997, p. 165).

In relation to transcription, Kvale (*ibid*, p. 124) formulates the following ethical question: How can the confidentiality of the interviewees be protected? Thus, one of my ethical considerations in relation to the transcriptions of interviews has been to protect the anonymity of the participants and to keep the tapes and transcripts in a safe place. The fact that I did the transcription myself increased the security. Further, it is relevant to ask if the transcription is loyal to the oral statements. To obtain some reliability, I asked my supervisor to check and endorse my transcribing procedures.

In the context of the present study, it was ethically important to let the interviewee read and approve the transcripts, but it is essential to be aware that it may be very different for the interviewee to participate in the interview and to read the transcript afterwards. Therefore, I did inform the participants about my way of transcribing and prepared them for this possible difference in experience, before I sent them the transcripts for approval. All nine interviews were approved. In cooperation with the students, uncertainties in the transcriptions were clarified and they helped me fill in those few places where it was not possible to hear what was said on the tape and that I did not remember. As previously mentioned several of the students responded that the transcription was exciting reading, and they suggested some changes in the text and helped me to remember those words I was not able to hear. In the following, some of the responses are presented:

Table 9: Students responses to the interview transcripts.

“It is wonderful to be able to take these experiences with me in my life! Both what I described in my vignettes and the things that I found out when I prepared for the interview after writing the vignettes, and those experiences I had with you in our conversation.” (Heidi)

“It is very exciting to read the transcription. I am looking forward to reading the results of your analysis.” (Nina)

“It is so exciting to read the transcription and re-experience our time together and all the issues. It is actually a gift, written on paper, to prevent these insights from sinking into oblivion.” (Gitte)

“I find it was completely in line with what I said. It was really fun to read. On page 4, I have changed “but it becomes” to “but it became”, because the first expression sounds like a generalisation, which was not the purpose; the purpose was just to describe it as it was. On page 14 where you have put a question mark, it is “life” which is missing, thus: “it seems that life is a long process of creation.” (Anja)

I learned from the pilot transcript and the responses from the pilot participant how important it is that the meaning is clear and not disturbed by reproducing too many of the meaningless utterances (e.g., “ehh”) and the repetition of single words etc. At the same time, I anticipated that repetitions, pauses, breaks and self-contradictions could be important material for interpretation (Kvale, 2006). The following example illustrates that a few occurrences of “ehh” in the text indicate that this is something the student is reflecting upon in the situation:

Interviewer: Can you describe to me what you experienced the music could do for you?

Pia: Well, I believe that it has been a combination of playing the music for a specific reason, because – I have played music many times before, where it didn’t have the same impact on me, you see, ehh... but going consciously into that process, where you use music, ehh... it has not been completely new, but anyway; to go consciously into that process, so concentrated – that has been new to me.

Acknowledging that a lot of reflections were processing inside me while I did the transcribing, I tried with the last few interviews to have my reflective log beside me during the transcription, and sometimes when I became aware of my thoughts I wrote them down. Transcribing the interview with Olivia, I reflected mostly on my own role as interviewer:

I consider my own role – am I too vague? I am in any case very supportive, attentive and empathetic. I suggest interpretations on the way or rather I am paraphrasing or summing up, and it sounds okay – actually Olivia, she is having the space to “correct” me or she clarifies my statements.

4.7 Creativity in qualitative methods of analysis

It is a general held view that the researcher is an important factor, if not the most important factor, in qualitative inquiry (Bruscia, 1998; Janesick, 2001; Lave & Kvale, 1995; Robson, 2002; Wheeler & Kenny, 2005). The qualitative researcher sorts and analyses the data, recognising that although there are assisting tools in the process, it is constantly up to the researcher, at each stage, to make sense of things and take decisions about the next step (Radnor, 2001, p. 31). The only instrument that is sufficiently complex to comprehend and learn about human existence is another human, Jean Lave says in an interview with Steinar Kvale (1995, p. 220). Thus, I would like to reflect some on the role of human creativity in the work of the qualitative researcher. The inspiration to write this section also derives from a research seminar at the Danish Centre for Qualitative Studies (CQS), where the Danish psychologist and researcher Claus Elmholt gave a presentation on creativity in qualitative research from the premise that the intuition and creativity of the researcher are central aspects in a successful qualitative study.

4.7.1 What is creativity?

According to the theory of the philosopher Arthur Koestler, we are creative when we create a new whole from something that was not related until then. We are creative when we break with the normal way of associating and instead become “bi-sociative”, which means that we combine different ways of thinking from different levels of consciousness. A bi-sociation is integrating formerly separated levels of understanding to a new sense of the whole. According to Koestler, creativity will often appear where language stops – the source of creativity lies outside our everyday state of consciousness (Olsen, J.B., 1999). Olsen suggests:

Creativity emerges when we allow ourselves to change space and see the world from this new space. A visit in an unaccustomed space makes our horizon change character and width. Staying too long in the same space, creativity will disappear, and we can only reproduce old thoughts in new disguise. (Olsen, J.B., 1999, p. 42, author’s translation)

There are certain common aspects in different creative processes, and one of the similarities is that new ideas and new thoughts always emerge in a not-planned and not-governing way. Thus, the characteristics are not order but rather chaos (Kupferberg, 2006, p. 17). At a certain point in time,

a new form of order, insight or knowledge will appear – still with the sense or quality of being created rather than imitated.

Also, according to a Danish Professor in the field of learning, Lars Qvortrup, creativity corresponds to the ability to synthesise, combining different information into a new wholeness. Qvortrup refers to Richard Florida (2002)⁵⁹, who suggests that the process of creativity demands a certain amount of self-confidence and the ability to run a risk. Qvortrup defines creativity as a specific form of knowledge; a “knowledge of third-order”. First-order knowledge is trivia knowledge: when it is snowing in the garden, we know the white thing is snow. Second-order knowledge is a reflective form of knowledge – we start to think and observe our own knowledge about snow. We know many things about how to use our first-order knowledge, for example that we need to clear the snow from our driveway or that it would be fun to play in the snow. Third-order knowledge breaks with the fundamentals of our prior knowledge – in a third-order form of knowledge, we reflect upon our own reflections and relate to the prerequisites for our knowledge. To Qvortrup, it is creativity when people are able to redefine a task and go beyond a known repertoire of solutions in a specific situation. In scientific work, the third-order knowledge or creative form of knowledge is needed, for example when the pieces will not fall into place, the researcher must throw the pieces into the air to start anew – to find a new meaningful pattern (Qvortrup, 2006, p. 35). Thus, creativity has an ethical dimension if it means that the qualitative researcher keeps relating to and engaging in the situation in a reflective and flexible way with respect to for example what participants may need.

This way of thinking about creativity presented here is closely linked to philosophical hermeneutics that I described earlier.

4.7.2 Linking creativity with hermeneutics

A hermeneutic process demands openness, as does a creative process. Thus, it is hard to imagine a hermeneutic researcher who is not creative. Creativity is embedded in the whole process. In a hermeneutic inquiry, the researcher moves all the time with his or her horizon while seeking understanding and new meaning. Like the creative human being, the hermeneutic inquirer will stay cautious about concluding permanent and firm results. There will be a space for a process, there will be an acceptance according to chaos and obstacles since productivity and creativity may emerge from that chaos. The hermeneutic researcher remains open and considers explanations and

⁵⁹ Richard Florida (2002) *The rise of the creative class and how it's transforming work, leisure, community and everyday life*. Basic Books, New York.

conclusions as temporary points of reference. “Understanding requires an openness to experience, a willingness to engage in a dialogue with that which challenges our self-understanding,”

Schwandt says (1999, p. 458). According to Qvortrup (2006), creativity often emerges when two forms of logic meet, and due to the difference between these two forms of logic a transformation into something third penetrates the situation. This is obviously close to Gadamer’s view of the fusion of horizons (see p. 74).

Linking to the work of Gadamer, he repeatedly emphasised that the work of philosophical hermeneutics is not to develop a specific procedure or method to follow to let understanding unfold. The hermeneutic process is never fixed. Rather, it is important to clarify the conditions in which understanding takes place.

Hermeneutic inquiry could be seen as a creative form of learning, problem-solving or understanding rather than a method, and intuition and creativity are basic tools in this process. To be creative the researcher needs to give up thinking along the same lines and be able to play, play with new thoughts and look for alternatives (Kupferberg, 2006, p. 211). And as Kenny defines it, it is an open-ended and circular process that can be marked by diversity and creativity as well as increasing levels of understanding (Kenny et al., 2005, p. 347).

In relation to creativity in qualitative research in music therapy, there are some parallels to creative improvisational methods in music therapy which include: the mutuality between participants and researcher, the valuing of human relationships, and the employment of multiple perspectives to ensure integrity (Aigen, 1998, p. 152).

4.7.3 Creativity in the present study

Following Aigen’s suggestion, I find that creativity is linked to the theme of the present study in the sense that self-experiential training strengthens the ability of the music therapist to be open to experience and to be willing to play and reflect. Kenny writes:

Because the strength of our work is intimately associated with creative processes, it is difficult to manage the dilemma of diversity and uniqueness in our work. It is difficult to standardise and package our practice. Nor would we want to have approaches which were static because this would not serve the clients effectively or acknowledge them as creative, dynamic, growing, and changing beings. A static or standardised approach would also inhibit the ongoing development of therapists themselves and ultimately the development of our profession as a whole. (Kenny, 1998, p. 205)

In the current research study, I use my creativity in various ways, both in the process of collecting empirical material, in the form of qualitative interviews, and in the process of analysing text as well as music. I find that writing the thesis is a creative process as well. It is not just writing what I know – it is a process of discovery. New insights emerge as I write. Bringing many parts together forms a new whole. And it happens all the time. Writing is an ongoing reflective process. Many times during the whole process, I have had the experience of standing in front of a wall that I could not pass; but as I felt that, I gradually learned to recognise that something exciting was happening, and that the time to reflect about the problem or dilemma allowed for the path I needed to walk. “The process of doing qualitative research is a creative one, that is, it goes beyond the mere act of discovery to include the creation of new possibilities” (Bruscia, 1998, p. 192). Another very significant experience for me, in relation to seeing the progression of research as a creative process, has been to observe the difference between working alone for long periods and meeting with peers or my supervisor. Discussing the issues associated with the study has made me feel vital and energetic; clear thoughts and new ideas have emerged in the social contexts. I remember a point during the process of doing my research when I felt very inadequate because the field of learning and therapy seemed immense to me and I feared my contribution to knowledge would be insufficient. I talked with my supervisor about it, and then I described a dream I had a few days before:

I was on board a huge ocean liner. For some reason I took a thick robe and I swung away from the ship and out into the enormous ocean. With no ground to stand on I was absolutely delivered to the unknown. Suddenly I realised that I actually had something to stand on...it was a big whale that came up under me. I was so surprised and relieved and thankful. The big whale was a gently moving ground – in the middle of the ocean.

We talked about the dream and together we found great resources in it: courage, openness, strength and support. And most of all: that the creative unconscious is worthy of trust. My supervisor mirrored the process, showing me a short poetic movie from Disney’s “Fantasia 2”, with music of Respighi, about a whale family. They were playing together, showing their feelings, and in the end a whole flock of whales raised in a wonderful dance of connection between heaven and earth. This experience opened up new possibilities for me in acknowledging my own and others’ work as qualitative researchers and acknowledging the need for creative resources in the

research process. As Gadamer also points out, new understanding often emerges from deep reflection supported by the unconscious. This was an example of hermeneutic self-inquiry, and I shall return to the subject on page 125.

During the analysis, one of the most creative acts for me was to integrate text analysis with the music analysis producing what I call Improvisation Narratives. The idea comes from music therapist Carolyn Arnason. She writes:

“This type [improvisation narrative] of interpretive musical description is an exploration in writing musically. The narrative utilises a mix of free verse poetry, prose, and abbreviated sentences to represent in words the dynamic and creative nature of improvised music” (Arnason, 2002).

In a later section I will describe this process in more detail (see p. 123).⁶⁰

4.8 Hermeneutic methods of text analysis

As mentioned above, I have been writing reflective notes since the very beginning of this study. Kvale (1997) states that the analysis is not a separate phase in an interview study; analyses are integrated in all the steps along the way. Processes of interpreting and understanding were happening already when the first contacts with the students were initiated and clearly when they sent me their vignettes from the process of self-experience. Thus, the interpretational process cannot be isolated to the period of time when the researcher codes and analyses the material. I have experienced the process of hermeneutic inquiry in the present study to be rather complex, with multiple layers of information, reflection, and meaning, breathing in and out of each other all the time like in a huge organism. But at a certain point in time, when all the data were collected and I had transcribed all the interviews I needed to focus the ongoing analysis.

4.8.1 A troubling process to begin with

I tried several tools for analysing before I decided that the software program **AtlasTi** was the most suitable tool to use. I struggled for some time with technical issues around the program and a manual of 400 pages, and I spent too much time with the initial steps, before I at last felt prepared,

⁶⁰ The results of the Improvisation Narratives are presented in chapter 5.

or in principle prepared to use the equipment. It was a tough phase with a lot of frustration. I simply did not feel the energy to start. Suddenly this beautiful dream came to me:

*I see a woman
she is trying
to get a big white bird
into a cage.
She asks me to walk out quickly,
and shut the door
not to let the bird escape.
I stand outside
look into the room
through a window.
The woman is putting her arms around the bird
carefully, gently,
and lifts the big bird into the cage.
I am wondering –
having the feeling
that it is a shame
and at the same time
a very clear feeling,
that it has to be that way... (and it is okay)*

Through personal and therapeutic work with this dream, my approach to the initial work with AtlasTi changed. I realised from a new point of view that I had felt a kind of resistance towards moving all the interview material into this software program and starting to code it, and I came to an acceptance of the situation. The dialogue in the meeting between two people can never be the same all the way through a research process – as researchers we start to treat the data in the moment we collect them – and it is more than okay. But even though the purpose became clearer to me, I felt that this troubling process with the software lead me to ethical considerations and a heartfelt urge to take good care of the students' material.

4.8.2 The overall structure of the vertical analysis procedure

- The first thing I did was to *listen* to the whole interview again.⁶¹ I listened to the interview as a whole. Then I opened the program AtlasTi to start reading through the interview-text. Every time I found that the conversation was about important issues, I underlined the text, and the program saved the piece of text as a “quotation”. In this organisation of the

⁶¹ At this stage, I worked with one interview at a time. Much later I started to work horizontally with the students' material, see chapter 6, p. 198.

material I focused on what the text was saying – I did not try to question or interpret the dialogue at this point.⁶²

- The next time I read through the interview paying attention to the quotations, I started to define codes. Each of the interviews were assigned between 80 and 100 codes. While I did the coding I sometimes noted my reflective thoughts and feelings in relation to the content of the text – these researcher’s notes are called “memos”. Memos were not always related to the specific piece of text alone; often they were general considerations that came to my mind – inspired from the concrete interview text.
- After the coding was done, I worked with grouping the individual codes into “code families” – groups of codes that were related by a theme. Each interview has around ten “families” or themes. In the appendix, the reader can find all codes and code families listed (see Appendix V, p. 400ff).

4.8.3 Hermeneutic summary as a result

After having gone through the working procedure as described above, I had a good sense of what the specific interview encompassed. A solid ground of insight was laid and now a further step in the hermeneutic circle was ready to be taken. With the purpose of writing a new text that could bring together all the levels of information and form a new entity, I started to move back and forth between the following parts:

Table 10: Text pieces integrated in the hermeneutic analysis

- | |
|--|
| <ul style="list-style-type: none"> - Memos from AtlasTi procedure - Vignettes from the student - Researcher’s notes after reading the vignettes (before interviewing) - Interview transcriptions |
|--|

⁶² This first part of the analysis procedure resembles a phenomenology as it is a very open and descriptive approach (Forinash & Grocke, 2005). According to Dahlager and Fredslund (2006, p.172), it is appropriate for the researcher to strive for cautiousness in the first steps of the analysis to stay close to the empirical material and let it speak to you. Also, Mcloyd points out that “phenomenology and hermeneutics both assume an active, intentional, construction of a social world and its meanings by reflexive human beings... And although not sufficient, phenomenology is necessary, because in its absence interpretive frameworks become rigid and dogmatic” (Mcloyd, 2001, pp. 57-59).

- Researcher's notes immediately after the interview
- Researcher's notes in relation to transcriptions
- Codes and families of codes from AtlasTi procedure ⁶³

My goal was to sum up the parts in a short text. In the beginning I called this text “a statement”, but later named it “a hermeneutic summary”. It was my ambition to maintain close contact with the students’ own words even though a new text was born that integrated my reflective and interpretive notes. The hermeneutic summary is a rather short text which hopefully expresses a new whole. In the next chapter, all nine hermeneutic summaries will be presented. It is also worth mentioning that the students have all read and evaluated their own hermeneutic summaries. I shall come back to this “member check” in chapter 5 as well.

4.9 Hermeneutic methods of music analysis

In the following, I will present the context around and the theory behind the musical analysis used in this research and I will present how musical data were treated in the analysis.

4.9.1 Purpose and context

Even in listening to absolute music we must “understand” it. And only when we understand it, when it is “clear” to us, does it exist as an artistic creation for us. Thus, although absolute music is a pure movement of form as such, a kind of auditory mathematics where there is no content with an objective meaning that we can discern, understanding it nevertheless involves entering into a relation with what is meaningful. It is the indefiniteness of this relation that marks such music’s specific relation to meaning. Pure seeing and pure hearing are dogmatic abstractions that artificially reduce phenomena. (Gadamer, 1975/2004, p. 79)

After having decided to use qualitative research interviews, I quickly expanded the idea of integrating into the setting of the interview that the student would bring an improvisation

⁶³ All the texts are available at the CD-R Appendix for the Committee, except codes and code-families which are listed in public appendix V p. 400ff.

example. Following Gadamer, the purpose of including the music was to develop an understanding of the student's self-experience processes, and through searching for meaning in the self-chosen improvisation example, I assumed to be moving closer to a broader or deeper level of understanding. The analysis of the music would contribute to the process of hermeneutic interpretational inquiry and the picture that constitutes a whole. I thought that integration of the meaning of the music would inspire a new wholeness – an expanded impression of the whole. The music analysis forms a part of the qualitative inquiry of this study. Nine students were interviewed, and each of them brought one or two examples of improvisations from their self-experience process as student-clients, to illustrate something that was important in relation to the process. We listened to the music during the interview, and the dialogue was inspired by the chosen music example. The interview was semi-structured and my plan was to take in the music when it felt like the right time. I believe that it was important for contact and safety to have time to develop as we were dialoguing, i.e., before we listened to the music. I consider the music to be private and intimate material, and therefore the timing was essential regarding the relation and the atmosphere of the interview.

4.9.2 The research assistant

The major part of the music analysis was carried out by a research assistant – an experienced music therapist, who knows what it is like to improvise and who is used to listening to and relating to clinical improvisations. Further, the assistant was educated at Aalborg University and therefore knows the programme very well.

In a qualitative inquiry, it could just as well be the researcher who analyses the improvisations. The reason why I gave some of the music analysis tasks to an assistant was partly pragmatic: the analysis would be a time-consuming process and I needed to save time. Secondly, it was partly because I expected a second music therapist to be able to contribute with new details and different observations, which could nuance the picture I got from my impressions during the interview. Thus, it is a triangulation of data, which gives the analysis more validity.⁶⁴

If the analysis from the assistant had turned out to be completely different from the results I had from the interview and our way of perceiving the material were poles apart, I would have had a problem with validity that I would have had to reflect upon and try to handle.⁶⁵

⁶⁴ If I had had the financial possibility, it might also have been interesting to let an assistant work with the interviews, to see what another person would understand, and compare it with my own understanding.

⁶⁵ I did not find it difficult to relate to the hypotheses proposed by the assistant. The assistant used primarily psychoanalytical or psychodynamic terminology, which in several cases I chose to transform into a broader use of

On one hand, I emphasise that the improvisations the students bring have referential meaning and I hold that interpretational work will show what is meaningful about these music improvisations. On the other hand, by asking an assistant to analyse the musical material without knowing anything at all about the students, I acknowledge that the music expresses something meaningful without its context; through the sounds, the form and the structure, there will be atmospheres and feelings that can be grasped by a listener with no background knowledge of the specific case. As Langenberg points out (Kenny et al., 2005; Langenberg et al., 1993), it is possible for a listener to resonate with the psychological meaning of a musical expression.

As the reader will see when I go through the steps or levels of reflection of the music analysis below, the research assistant performed the first four steps, while I completed the reflections on levels five and six and wrote a narrative as the last step of the vertical analysis of all of the students' materials.⁶⁶ Thus, with regard to the limitations of what the assistant was able to conclude from only listening to the improvisations, I decided that the *result* of the assistant's work was what she produced at each level, and a *hypothesis* or question formulated at the end of each of the analyses. I chose to call it a hypothesis exactly because the assistant did not know the context. Therefore, it was up to me as the researcher to continue with the next level in the interpretational process; contextualising the material as a fifth level in the analysis.

The analyses were completed with an "improvisation narrative" written for each student, a short poetic story that weaved together all the different layers and levels of both text and music analysis.

4.9.3 The concrete material

All nine students were asked to choose freely one or two music examples from their self-experience process and bring them to the interview. Three students brought two examples – thus there are 12 examples in total. The length varies between 3 and 11 minutes, most of them are about 5 minutes and most of them are excerpts from longer improvisations, although a few are full length. Many of the examples are from inter-therapy, and some of them are from individual therapy. Individual therapy occurred about two years earlier than inter-therapy in the old curriculum. This means that each improvisation example can be considered only in relation to the

language. It is possible to see how I did this in the next chapter, where the results (including the hypotheses from the assistant) are presented.

⁶⁶ For one of the nine students, the musical material was recorded with such poor quality that we almost gave up listening to it in the interview, and later I decided to leave the material out of the analyses.

specific student. The research assistant got information about from which training context the chosen example(s) was taken.

4.9.4 Definition of music

The purpose of the music analysis in the present study was, as mentioned earlier, to add further information to the interpretation of the entire research material for each participant. The analysis was done through a specified procedure in order to gain comprehensive understanding, which a random or casual listening could not have provided (Ruud, 1990, p. 228).

The research question was: “How do students experience and describe their learning processes, i.e., being in the client’s position in the mandatory self-experiential training in the Aalborg Music Therapy programme?” The focus is on the students’ experiences, and therefore important information is provided by the student in the interview regarding his or her own improvisation example. At the same time, the purpose of the hermeneutic inquiry is to connect parts and interpret all the different information in the study, and through that obtain a deeper understanding of the message in the music and the learning processes of the students. Thus, the main focus of the analysis was on the “intentional properties of music”. According to a proposed definition of music that addresses four different levels of experience (Even Ruud, 1990, 1998; Bonde, 2009), music in the context of the present study primarily is defined as a semantic phenomenon:

The level of music has a referential meaning and is a cultural marker, as metaphor, symbol, icon or index in a person’s experience and in a culture, corresponding to music as a means of cultural and individual, culturally framed expression and meaning. (Bonde, 2005, p. 490).

But the music could also be understood as a “pragmatic phenomenon”, because of the level of interaction and interpersonal communication that happens in the students’ improvisations. To ensure that interpretations are rooted in the musical material provided by the students, it is considered essential that a *descriptive* level of analysis be maintained. According to Bonde (2005), the music can never be “theory-free” though. The description will always be something other than the music in itself, and as a famous Bateson quotation suggests: “the map is not the territory”. The description will always be influenced by the person who is describing it, the frame of reference that is used and the kind of models and language that are used. But in a descriptive approach, the attempt is to describe the *music as heard*, as an intentional phenomenon unfolding

here and now in the consciousness of the listener, and the descriptive language may use musical terminology (Bonde, 2005, p. 505). It will become clear to the reader that a descriptive level, in which the listener focuses on the musical parameters, is integrated in the present music analysis. This level of analysis corresponds to a definition of the music as a “structural phenomenon” – the music is non-referential and has no psychological meaning.

Analysing the students’ complex improvisational material demands a thorough process with regard to the different levels of experience of the music. An eclectic model of analysis that integrates the levels is needed, and such a model was developed by the American music therapist Carolyn L. R. Arnason (2002).

4.9.5 Carolyn Arnason’s model

Arnason developed a model that is based on an eclectic approach to the analysis of improvisations, which gives guidelines for exploring different levels of musical meaning through several steps of reflecting or listening. The listener changes his/her listening perspective along the way, and focuses his/her attention on different ways of approaching and understanding the music depending on which way the many layers of meaning unfold:

Table 11: Arnason’s model of analysis of improvisation

- | |
|--|
| <ol style="list-style-type: none"> 1. Open listening 2. Listening to the musical parameters and their combinations 3. Descriptions of the thoughts and feelings of the listener 4. Images and metaphors elicited by the music 5. Becoming aware of the client’s life-world 6. Final open listening |
|--|

Following level 6, a creative narrative is written, integrating the musical and referential analysis, called an “improvisation narrative”, as already noted above.

Arnason was inspired by phenomenology, especially by the work of Ferrara (1984), who also integrated several levels of analysing in his model. Arnason’s ambition was to build a bridge between conventional music analysis and interpretation – i.e., combining listening to the music itself and then listening to it as a referential phenomenon. Many music therapists have been inspired by Ferrara’s phenomenological model, trying to develop ways of analysing and understanding music (Forinash & Grocke 2005).

Arnason also drew from an analytical tradition inside music therapy, referring to Mary Priestley and especially M. Langenberg (Langenberg et al., 1993, 1996), who emphasised intuitive listening in her work with music analysis. A pivotal concept in Langenberg's work is "resonance", i.e., the music can express something with which the listener resonates. Thus, the possible psychological content to which the improvisation refers or expresses can be detected by the listener. Metaphors, images and feelings as they appear while listening to the music typically are emphasised in the description.

Arnason developed an eclectic model that is clinically based and can be used by music therapists when they wish to reflect upon improvisations from their clinical practices. Besides combining a musical structural analysis with a hermeneutic interpretational approach, Arnason proposes that the analytical levels should be rooted in and related to the specific clinical context:

The process of analysing not only involves a conscious and intuitive mindfulness but it must also be grounded in particular clinical contexts. It is my hope that this approach will provide systematic but flexible listening guidelines for music therapists to analyse improvisations that are created with clients in a variety of clinical settings. (Arnason, 2002, p. 5)

Arnason's intention to add one more level of reflection, by stepping back and seeing and understanding the analysis of music in its context, I suggest is related to philosophical hermeneutics as formulated by Gadamer.

4.9.6 Adjusting Arnason's model for the present study

Arnason's model was developed from her work with professional music therapists in a group, where the purpose was for the music therapists to be creative and self-explorative. Thus, the target group and the purpose closely resemble the target group and the purpose of the present PhD study, where self-experiences of music therapists in training are the focus. Nonetheless, it was important to adjust Arnason's model in the current study, and in the following I will describe these changes.

Level two: in the present study, listening to the musical parameters and their combinations are mainly inspired by the parameter analysis of Carl Bergstrøm-Nielsen ⁶⁷ (2006, <http://www.hum.aau.dk/~carlbn/par/legno4.htm>). At the end of level two, the person doing the analysis is asked to create a graphic notation (a draft) to illustrate visually what is found in the

⁶⁷ I created a schedule for the assistant to complete while working with level two analyses (see Appendix IV, p. 394).

music. Carl Bergstrøm-Nielsen's parameter analysis was partly developed in relation to his teaching of music therapy students in the subject of "intuitive music", and it draws upon comprehensive theory inside experimental music and music analysis. Bergstrøm-Nielsen writes:

Parameter analysis can be defined generally as a method of analysing which divides the overall sound into specific dimensions. As we have seen, there is no general agreement as to how broad or narrow one must see the concept of "parameter". According to my choice, however, only dimensions which can be conceived of as variables qualify as parameters. Also, in my view the number of possible parameters is not finite. It has been natural to include pitch, duration, timbre, and loudness, which clearly connect to tradition in this field – as well as also other ones, pulse/no pulse, tempo, density, stylistic reconcilability, tonal/atonal, contrast – which have also emerged as practical and important in my work. (Bergstrøm-Nielsen, 2006)

In the guidelines for the assistant, I did not follow completely the list of parameters from Bergstrøm-Nielsen, because as he suggests, the list is not fixed – it must be formed pragmatically in relation to what is needed and practically relevant in the specific situation. In the present analysis, where improvisation examples were from clinical context-related improvisations and not from intuitive musicking, I found the following changes to be important. The parameter "tonal/atonal" was changed to "modality", since this is a broader concept about tonality than is "tonal/atonal". The parameter "stylistic recognisability" was left out, since all the improvisation examples illustrated deep personal musical expressions and they could not be categorised in a traditional sense as a certain style of music, even though some of the examples had fragments that could be recognised as a style. The parameters "melody" and "rhythm" were added to the list, because melodic and rhythmic structures can be characteristic for the musical expression, and if this is the case, it is important to be able to describe it as such.

Level three: in the analysis, the listener is asked to describe thoughts and feelings in relation to the experience of listening. I decided to integrate Hevner's mood wheel on this level of analysis: a list of different moods defined and placed on the wheel beforehand, and the listener marks which ones are indicative of the experience (Hevner, 1936; Bonde et al., 2001, p.52).

Level five: on the fifth level of the analysis I thoroughly contextualize the musical referential analysis with the student's life-context as narrated in vignettes and interview. Thus I follow what

Arnason recommends in her conclusion; in future work to emphasise the integration of the context even more than she did in her own study.

4.9.7 Presentation of the levels of the analysis

In the following, I present the working instructions I gave to the research assistant. On each level of reflection, the assistant was guided by three different points: “listening attitude”, “procedure” and “product”.⁶⁸ Every level of reflection would necessitate more than one listening to the specific example. It was the listener/assistant who decided how many times it was necessary to listen to the example in relation to each level of reflection.

Table 12: Music analysis; reflection level 1-4

Reflection level 1: Open listening

Listening attitude: Listen with an open attitude, don’t listen for any specific aspect or level in the music. (The phenomenological goal of “bracketing” your foreknowledge, letting the music show itself/emerge to you.)

Procedure: Listen in a physically and mentally relaxed position. Wear headphones to avoid disturbances from other sounds. Be ready with pen and paper or use a Dictaphone and note whatever comes into your mind as you listen; thoughts, impulses, sensations, images or feelings.

Product: A note describing the intuitive brainstorm.

Reflection level 2: Focus on the music/the musical

Listening attitude: Respond only to what happens concretely in the music. Listen to the sound “as such”. Again, the phenomenological goal of “bracketing” your foreknowledge and focussing on the elements of the music.⁶⁹

Procedure: Sit down by a desk. If necessary, divide the music in parts/phases – work out a time line. Identify (if possible) and describe: pulse, duration, tempo, rhythm, modality, timbre, dynamic (volume), density, contrasts and intensity. Use the added table for this (see Appendix IV, p. 394).

⁶⁸ This way of structuring the guidelines was my idea, i.e., it does not come from Arnason.

⁶⁹ This is somewhat self-contradictory since it would be impossible for the assistant to do this step in the analysis without training and knowledge in music!

Product: Specification of the phases in the music (time), keywords noted in the table in relation to the parameters which are dominant in the music. If a clear melodic or rhythmic theme exists it can be transcribed in notes. Make a draft to a graphic notation.

Reflection level 3: Thoughts, feelings and atmosphere

Listening attitude: Focus on your own thoughts and feelings.

Procedure: 1) Stay in a relaxed position and allow yourself to listen to yourself as you listen to the music and note something about the thoughts and feelings or memories of a subjective character that emerge in your mind. 2) Imagine on an emotional level how it would be to be a part of this improvisation: a) as the student, b) as the therapist, c) as an observer.⁷⁰ 3) Identify in the “mood wheel” from Hevner one or several feelings or atmospheres that sum up or characterise the music as a whole (Bonde et al., 2001; Bonde, 2005). (See CD-R Appendix III)

Product: A note with feelings, associations and atmospheres and the “mood wheel” with chosen moods or feelings.

Reflection level 4: Images and metaphors

Listening attitude: Focus on the images and metaphors that emerge while you listen to the music (or be attentive to images and metaphors that have already emerged for you during earlier listening). On this level try to elaborate on it in more details.

Procedure: This level is a prolongation and elaboration of level 3, but the focus is on images that emerge during listening. Again, it is possible to use a Dictaphone to record a kind of “travel in fantasy” to the music.

Product: Describe the images and metaphors. Make a painting/mandala-drawing.

4.9.8 Instructions for my own work with Arnason’s model

As mentioned previously, the research assistant analysed the material through step four, and came up with a hypothesis, i.e., question as “a possible interpretation” of the material. The assistant’s words were my point of departure when I did the new level of reflection, i.e. the contextualisation text. Arnason has said about her model:

The process of analysing improvisations not only involves a conscious and intuitive mindfulness but must also be grounded in particular clinical contexts. (Arnason, 2002, p.5)

⁷⁰ The idea of trying to listen from different perspectives is an attempt to increase the awareness of the relation. Both therapist and student-client are contributing.

It was up to me to reflect upon and elaborate upon the research assistant's work. This was obviously an interpretational hermeneutic process; we created "the story", and even though the text was thoroughly grounded in all the information the student had given to me, and grounded in the context of self-experiential learning, the text did not constitute an essence of "what was there" in a phenomenological sense.⁷¹ Step 5 was a level of reflection that lead to further interpretation; the "improvisation narrative" that I present below after the sixth level.

Table 13: Music analysis; reflection level 5-6

Reflection level 5: Contextualisation

Listening attitude: Implementation of knowledge about the context that the music example is a part of, and combining this attempt through continuous contact with the musical expression.

Procedure: Listen to the music and think about how the characteristic aspects of the music may be connected to the background and the history and also the present situation of the improvisation.

Product: Development of a piece of text that anchors the analysis from the research assistant in relation to the context of each student and his or her process in self-experience training.

Reflection level 6: Open listening

Listening attitude: Listen with an open attitude, don't listen for any specific aspect or level in the music. On the basis of all the work that has been done until now, which is now put aside, listen one last time as a closing.

Procedure: Listen in a relaxed state. If anything new emerges that may support the analysis it is noted.

Product: Eventually a note with a new reflection.

⁷¹ I conducted a member check in which the students evaluated to what degree they could recognise themselves in the contextualisation text, and the students' scores were very positive. I will present the results on p. 195.

4.9.9 “Improvisation narrative”

The music analysis was completed with a narrative; an “improvisation narrative”, which means a total, but short story. In this text the attempt was to communicate the richness and complexity of the improvisation example in a musical way. The text combined the different levels of meaning and the link to the music was maintained. Arnason suggests:

This type of interpretive musical description is an exploration in writing musically. The narrative utilises a mix of free verse poetry, prose, and abbreviated sentences to represent in words the dynamic and creative nature of improvised music. (Arnason, 2002, p. 7)

As I wrote the improvisation narrative, I integrated several sources of information: vignettes from the student, expressions from the interview, the dialogue between me and the student, my own impressions and the steps of analysis from the research assistant. This procedure resembles how Arnason involves different supplemental material:

Sources of content for the improvisation narrative came from group verbal processing⁷² of the improvisation, group members’ descriptions of the music in their journals, my musical analysis of the improvisation according to the series of Reflections, and analytic notes based on transcriptions of audio taped sessions. (Arnason, 2002, p. 7)

It was creative and interpretive work to write the narratives; they were built upon many levels of description and interpretations, and as researcher I felt ethically obliged and aesthetically committed to this process. Aigen wrote about this kind of creativity in qualitative research:

I do not have free reign as the researcher to follow any whim, idea or preconceived notion. Although the raw materials serve as foundation for the story, the story must yet be true to the materials, just as the sculptor’s product must be true to the stone... (Aigen, 1998, p. 158).

4.9.10 A concrete example of how an “improvisation narrative” was created

To illustrate how I developed the improvisation narrative, in the following I will describe the concrete process of creating a text about the student Tessa. Actually, the documentation presented

⁷² Arnason’s model was developed from improvisational work with a group.

in the next pages also includes development of the level five text (contextualisation) as the reader will see.⁷³

Overview. I try to get an overview of all the text material I have; the interview in a normally printed version and the version from the analysis program AtlasTi. I print out and read through the six memos (my own reflective notes written down in the margin while I did the coding of the interview material) and the 88 codes shared among 10 “families” (groups of codes sorted in themes). I note that there is a weight to themes about childhood and background, feelings and musical issues.

Going into the specific. I look closer at the family of “feelings” and I find 21 coded quotes inside this theme. I read through it and find that these quotes have a lot to do with the connection between body and mind.

Going back to the “Hermeneutic Summary”. I read again the hermeneutic summary,⁷⁴ which is a piece of text I produced as a result of the analysis of the interview with T. I realise that I forgot to do the headings for this hermeneutic summary, and I note that I have to return and fulfil this task later.

A missing link. I further realise that I haven’t done level five in the music analysis yet; the contextualisation. This I will have to do *before* creating the improvisation narrative, since level five is an important step on the way. I therefore go back and start to work on level five of the music analysis. I forgot how demanding it is to create this small piece of text; I have to read again the whole interview and the vignettes that the student sent me before the interview. I start to write the contextualisation using the student’s own words as a basis and continue in an interpreting process as I try to relate to the hypothesis from the assistant: *Individuation. Existence. Ego-loss. Grief for not being seen as the independent person who she is? At the same time wishing for merging (symbiosis)?* I go back and forth to the hermeneutic summary to make sure the contextualisation is clearly connected with the summary without being a repetition of the same formulations.⁷⁵ ... I get tired and need a break now to be able to be clear in my mind...

Start over again. I start again by reading the interview once more; I concentrate on the parts that are underlined (forming quotations), and I look for those passages that are relevant in relation to understanding the improvisation example in its context. I pick words and sentences here and there

⁷³ It is possible to do this now several years later, because I decided to note the process at the time I was working with Tessa’s narrative.

⁷⁴ The full hermeneutic summary is presented in the next chapter, p.182.

⁷⁵ The full contextualisation is presented in the next chapter, p. 185.

from the interview as I try again to relate to the hypothesis from the assistant. In a way, I try to give answers to the hypothesis. And I experience that this is really possible when I plunge into the ocean of texts and meanings and simultaneously get absorbed in the focussed question about the context.

Reflections. The next day I return to level five/contextualisation and adjust the text again to make it more fluid without repetitions. I reflect that the hermeneutic summary creates a kind of background or context for the level-five text. The improvisation example is analysed and now seen in the light of its background, which constitutes a solid ground for further interpretation.

Back to the improvisation narrative. The first thing I do is to write the introduction to the narrative, which is also about context; what was the setting, what came just before the improvisation, which instruments were used etc. With the two pieces of text, hermeneutic summary and contextualisation, in front of me, and with the analysis program AtlasTi opened up on the computer, I start to go through the papers from my assistant with all the products from the first four levels of the music analysis.

Going through assistant's material while listening to the improvisation. As I read through the papers, following the analysis of the assistant, I listen to the music again several times. Now the narrative begins...I start from the music, describing it with words from the assistant's first open listening (level one) in combination with the student's own words about the music: *The voice starts quietly. Three whole notes – going down. She hums gently and calmly. Repeating patterns in minor. Long sensitive notes.*

A breakthrough. Now I really feel the process is opening, I feel a breakthrough of inspiration. I move back and forth between the words from Tessa in her vignettes and interview, and the poetic language of the assistant's reflections especially from level three and four. I am in a flow. I listen to the music. I remember also what Tessa was so absorbed about in her story; that the music and the therapist helped her to reach her deeper feelings and become emotionally present: *Now she opens up her voice. Unfolding. Talking about what is present, here-and-now. In trust. The voices meet – in an equal pressure against each other. She is filling out her space. The notes are shortened a bit. Contrasts emerge. Closer. A little faster. Disharmony. A joint crescendo. This is so important. The therapist is together with her – supporting whatever is there. The small and the big.*

The next day I read it through, adjusting minor things to make it flow linguistically. I listen to the music as I look at the mood wheel from the assistant. Several moods are marked. I try to listen –

where in the music do I hear these moods...And I look again at the graphic notation and the drawing from the assistant. This inspires me to make a few additions to the text. I even go all the way back to my own very first notes I took after reading the vignettes from Tessa:

... “to be set free” seems to be something essential – the process of becoming more free to express, to be able to express herself, express anger, break with conventions...and it touched me to read the last bit about the process of coming to acknowledge that what is weak is also beautiful and it deserves to be taken care of...

Reading these notes lead me to put a finishing touch on the improvisation narrative of Tessa.

4.10 Self-inquiry

In qualitative research, personal and interpersonal factors are unavoidable and as previously mentioned they are also advantageous, and therefore subjectivity is used as an integral part of the study process. In a hermeneutic study, self-inquiry takes place both as a continuous process of positioning oneself in relation to the research area and as a basic attitude of awareness and acknowledgment of one’s own contribution to the research. “To deny who we are in order to understand who we are simply makes no sense. One must be at least human to understand humans...”, as Bruscia said (1998, p. 198). In therapy we cannot truly isolate the therapy from the therapist, and the same goes for research; we cannot truly isolate the qualitative research from the researcher or the subject from the “object”. To me the poem below illustrates this condition in a beautiful way. What I also like is that the poem questions – it is open to a possible answer:

*O body, swayed to music
O brightening glance
How can we know
The dancer from the dance?*

(W. B. Yeats, 1952)

I have previously described the researcher as a primary instrument of the work in hermeneutic inquiry (see p. 78), and in the present chapter I have accounted for some of my contributions as

the researcher through the processes of analysis. To sum up, I wrote reflective notes at the following points in time during the analysis process⁷⁶:

- after having read vignettes from each student
- immediately after each interview
- during transcription of (some of) the interviews

These notes constituted the “structured” part of my reflections and were integrated in the creation of the hermeneutic summaries as well as in the creation of the improvisation narratives. It is important to be aware that numerous thoughts about the research study occur at times other than while writing in a log. I have a clear feeling that a majority of reflections happened while I was walking along the beach, when I took a hot shower, in my dreams and while staring out the window at the changing sky. But researching, reflecting and living are interwoven in a way that is hard to document. It seems to me that some of the ongoing processing crystallised at certain points in time, and became clear thoughts, creative ideas, a new understanding of meaning.⁷⁷

Further, it is my experience, as I have mentioned, that engaging in dialogues with colleagues, supervisors and peers generates a huge amount of information and impulses which also provide self-inquiry; it encourages an inner discussion about issues or it charges the batteries so to speak, so that new energy can be released in order to continue searching and researching.

Thus, besides the structured part of the self-inquiry, I also had a log to write in now and then, when I felt a need to do it.

4.10.1 Self-inquiry in relation to the seven phases of the study as defined by Kvale

According to Steinar Kvale (1997), an interview-study is constituted by seven overall phases:⁷⁸ thematising, designing, interviewing, transcribing, analysing, verifying and reporting.

In the following, I present excerpts from my personal log in relation to each phase of the inquiry. I have selected some excerpts that illustrate some important considerations I processed along the way.

⁷⁶ Researcher notes are to be found in the CD-R for the Committee.

⁷⁷ Another more formalised kind of self-inquiry I did was the RepGrid analysis. I brought it in as a form of horizontal self-inquiry revealing my own assumptions of the inherent themes in the qualitative research material. I used the results of the RepGrid analysis as a triangulation of methods in my search for main themes and pivotal points across the material of the nine students. I will come back to this in chapter six (see p. 200).

⁷⁸ According to Kvale, an interview project is not a linear process but rather is characterised by a back and forth process across the seven different stages.

Thematising

In the very beginning, I had many considerations about my area of research, since I came from a clinical job as a music therapist in a psychiatric setting, and I reflected on how my study in the field of learning would be related to the clinical field:

I feel now a deep and intense contact with the thread between my area of research and the clinical reality. I see that training is so strongly connected to how the clients are met in the clinical field. I feel that I am on my way to describing a clinically founded background for my study and this is so important to me – it gives meaning to think that the client is not alone in music therapy – the therapist is there as well as an important part of the field...and that is why the therapist's training is such a crucial factor. I am inspired by the book by Ulla Holm about empathy. She describes how much pressure there is on employees in our health care system, because of staff cuts and demands on staff to do more administrative work etc. And these conditions challenge empathy – thus, therapists need really strong empathic competencies...and another sign of the times is that health care professionals discuss themes of how to meet patients respectfully, how to secure that they are listened to and have a say in their own treatment. Both trends require that professionals bring a special empathic and ethical attitude to the clinical field...

Designing

In the phase in which I considered different possibilities in relation to the design and choice of methods, I met Steinar Kvale and had a short consultation with him at a research seminar. I reflected on my way home:

On the one hand, Kvale stated that I can look upon the different methods for analysing as tools that I can use pragmatically – so that they fit what I seek answers to – without being compelled to link to the whole underlying theory of the science of each method...he uses the concept of “bricolage” regarding this... On the other hand, Kvale is really an advocate of research studies that are consistent and coherent, from the very beginning, to be explicit about the underlying motivation and philosophy and all the way through, including that the presentation of results follow a logical thread.

So now I doubt; how can I hold this paradox having to think ahead, think ahead, think ahead in order to safeguard the accomplishment of a coherent study – and at the same time be able to stay open, and develop the ideas and the procedures concurrently with the progressive process. This is going to be difficult, but I am also excited about the dilemma.

Interviewing

Unfortunately, I lost one of the interviews because I did something wrong with the recording equipment. I wrote in my diary how I felt about it, and the following is an excerpt of my reflections:

Most of all, I feel that it is so miserable – all the things that Heidi shared with me are somehow lost. Unfortunate for the study – but much more; this feeling in my stomach that Heidi gave so much of herself, she talked so open-heartedly about many important things... and now our conversation is not there anymore. Oh I feel so sorry; I feel that I have betrayed her trust by not taking more serious responsibility for the technical equipment. She shared such significant material with me...I am thinking of the words from Løgstrup about carrying responsibility of some of the other human being in our hand – in the sense that we are surrendered to each other. And the open conversation is a supreme utterance of life...This experience underlines for me that the qualitative interview constitutes unique data that cannot be replicated. Because we have both of us already learned things from the first conversation, and it is the nature of things that it is impossible to replicate; we are not the same, it will never be the same – things have changed. I am sorry I must call Heidi and tell her about it. It is like I have misused her time, her openness and trust. And I do believe that the students who agree to do such a personal interview would also prefer that the data are useable – that something important from their stories can be displayed...I call her, and actually the student offers to do a new interview in a couple of weeks.

Transcribing

Concerning transcription, I did not write many notes – in relation to the last couple of interviews I did make some notes while I transcribed. I comment that:

...Transcribing is hard work. I need to be really patient because it takes so much time. When I accept that this is how it is; thorough work that takes time, then I also realise that I am learning while I transcribe, I am listening again to what the student tells me, I am working, it is a process... When I transcribe I am absorbed in the material. Sometimes I am overwhelmed, because so many things are happening in the conversation – maybe this is why it is both very exciting and very exhausting to transcribe. I sense that many many circles of working through the interviews lay ahead and my challenge is to sense this, be aware of how complex the material is, and at the same time be able to focus now on the spoken words that I hear and write them down.

Analysing

I have previously described some of my reflections in relation to the analysis of concrete interviews. The excerpt I have chosen here is a kind of meta-reflection after having interviewed all nine students, but before the analysis in AtlasTi:

The conversations were exciting. I have confirmed that music therapy students are interesting people... The students are going through a process in which they open up to a whole professional area and over time make it their own. This phase is so full and complex that it simply constitutes a whole chapter in life, characterised by an extreme transformation and acquisition of knowledge and skills. Something is really changing. It is a period in life which is certainly looking to the future. At the same time it becomes clear where you come from and what you bring. I think of my own time as student; I remember that I continuously found it to be inspiring and exciting to learn new things, to grow. And I can see retrospectively how hard I worked, having two small children at the same time. Students are like sprouts; they grow and they try to find nourishment to be able to continue the developmental process. Sprouts are also forward thinking and they are critical – and that can be refreshing. I feel refreshed. Students are the children of the profession – can I say that without being misunderstood?... It is essential what students get and what they bring to the professional field.

Verifying

Verifying is an act that is accomplished on several levels of the study. During the interview, for example, it is possible to verify interpretations by asking the interviewee. After writing the three small pieces of new text for each student, I sent it to them and asked them to read and respond to the material as a kind of verifying process. I will come back to what the students responded in the next chapter; the following is just an excerpt from my considerations:

Considerations about the value of the students' confirmation of my work: What if they don't like what I did, if they cannot recognise themselves. How can I handle the situation? As Lars Ole pointed out, this is a hermeneutic study and it is not a criterion that I have to bring in responses from participants in relation to the analysis. The interpretations are mine; I do not try to reveal the whole truths in this study; I present my interpretations of the data and as a researcher I vouch for them... But I find, from an ethical point of view, that the students ought to have a chance to read the material and respond to it, and I will have to find out later how I can handle it if some of the responses are negative. From an epistemic perspective, the study will be strengthened by verification from the participants – also because ethical and epistemic values go together as Brinkmann suggests.

Another level of verifying is to share and discuss with competent colleagues, which I did, especially at the ongoing meetings of the PhD group at Aalborg University. In preparing for such a meeting, I reflected:

It is a paradox that I feel alone with my own thoughts. This is why it is extremely valuable that we have this opportunity for discussion and feedback. I want to think US about us who are in the room. When I report my work I want to think US and not YOU and ME. Yes of course you and me, because you are taking another standpoint than I do, because I did the analysis, and therefore you are able to put forward some questions which create an opening with new possibilities, new reflections for me. But US because we are a group, a community, and I have realised that it nourishes me, to think of myself and my work as a part of a stream, a part of a professional field. I am not a lonely rider who must overcome, pass a test, and defend myself. I am here to share. And I hope to find a way to do it, to really feel that I am a part of something.

Reporting

After having attended a PhD defence for one of my friends, I reflected on how my own defence would be some day in the future, and I let my mind drift into some paradoxical thoughts:

I think that it is necessary that I sometimes try to imagine how my empirical data and my results would have been different if I had had another starting point. What if I did not have a positive attitude to self-experience from the start? What if my orientation had been much more connected to a macro perspective in relation to learning; I mean if my interest was more society oriented or oriented towards the context much more than I have been, for example, the fact that the training takes place at the university. I am also reminded of the paradox inherent in my study: I want to develop knowledge and understanding in relation to learning processes that happen partly unconsciously – how can I understand this and how can I present an intellectual research study about this theme? Why try to do it at all? Why not let it be, let self-experience be fruitful, just let it quietly prepare the ground that we music therapists grow in?

These reflections mirror the fact that at the end of a research study it is also possible to question the background and the basic context of the study. A quotation from T. S. Eliot's *Four Quartets* expresses the idea of a spiral process of learning, and I think that it might apply to the development of a researcher:

We shall not cease from exploration

At the end of all our exploration

Will be to arrive where we started

And know the place for the first time

(T. S. Eliot, in Watson, 2005).

4.11 Evaluation criteria in qualitative research

The following discussion about evaluation criteria is a continuation of the section about reflections on truth (p. 78), since a discussion of what scientific knowledge and truth are, leads directly to a discussion about evaluation.

There is an ongoing and complex discussion about evaluation criteria within qualitative research. Many of the criteria being used to evaluate qualitative research resemble criteria from a quantitative research paradigm (Smeijsters, 1997). And many qualitative researchers have defined new criteria they find more appropriate and clearly connected to a qualitative research paradigm. In the following, I will present some examples from both attempts, and I will try to relate to the criteria formulated from within music therapy (Abrams, 2005) with concrete reflections on my own study. I do not pretend that this is in any way a full account of positions within the area of qualitative research criteria, and I also want to point out that the discussion about the standards of the present study will be continued in the discussion chapter of this thesis.

4.11.1 Reshaping criteria from quantitative research

In 1985, Lincoln and Guba⁷⁹ proposed four standards for ensuring the trustworthiness of qualitative research and each of them parallels a requirement in quantitative/positivistic research:

- 1) *Credibility* (parallels “internal validity”) – is the methodology appropriate to the purpose of the study?
- 2) *Transferability* (parallels “external validity”) – are the findings applicable to another context than the original?
- 3) *Dependability* (parallels “reliability”) – are the empirical material, the analysis and the findings obtained consistently and with clarity?
- 4) *Confirmability* (parallels “objectivity”) – is it possible for other researchers to follow the chain of evidence and confirm the findings? (Bruscia, 1996, p. 81)

Qualitative research is occupied with discovery of meaning and development of understanding, and as Bruscia states, it is not possible to impose standards of quantitative research directly onto qualitative research. Furthermore, it would make very little sense to impose qualitative standards of research upon quantitative research (Bruscia, 1998, p. 177). For example, the criterion of “external validity”/“transferability” from a hermeneutic point of view will create some pondering; how can a qualitative study which is historically, culturally and socially situated and, further, accomplished by a researcher who is involved and engaged, ever be applicable in a completely different context? On the other hand, good research must be reliable and valid. If qualitative research is unreliable or invalid, how can it be science? Robson states:

⁷⁹ Lincoln, Y. & Guba, E. (1985) *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.

The problem is...the fact that these terms have been operationalised so rigidly in fixed design quantitative research. An answer is to find alternative ways of operationalising them that are appropriate to the conditions and circumstances of flexible, qualitative enquiry. (Robson, 2002, p. 170)

Dahlager and Fredslund (2006) discuss how a philosophical hermeneutic analysis and interpretation may be regarded as scientific knowledge. They refer to three basic criteria inside positivistic science: reliability, validity and generalisability. And they transform these criteria into operational qualitative standards in relation to hermeneutics. Reliability deals with the process of the study; and in the sense of “replicating”, the criterion is not meaningful in a hermeneutic study, because the researcher is a part of the process with his or her unique foreknowledge. But reliability in the sense of “dependability” and “honesty” is indeed something that the hermeneutic researcher should strive for through his or her openness, sensitivity and flexibility during the research process. Validity deals with the evaluation of the knowledge the study produces; how did the knowledge come to light and how does it relate to the existing knowledge of the field. In a philosophical hermeneutic approach this is possible to meet in the sense that the researcher makes explicit his or her foreknowledge and accounts for every step in the research process.⁸⁰

Generalisability concerns how applicable the findings of the study are in other contexts. This criterion resembles “transferability” and for the reasons mentioned above, this criterion cannot be met in a philosophical hermeneutic study. According to Gadamer, it is not possible to understand a phenomenon independent from its context. What we can do in hermeneutics is to discuss the interpretations and discuss the possibility of transferability through analysis of differences and similarities of two specific situations or contexts (Dahlager & Fredslund, 2006, pp. 175-176).

4.11.2 Identifying specific qualitative criteria

As Wheeler and Kenny suggest, debates over criteria in qualitative research can be summarised in the following question: how do we judge research as being good or flawed? (Wheeler & Kenny, 2005, p. 69).

Qualitative researchers need to reflect, discuss and articulate for themselves what good practice is and what poor practice is (McLeod, 2001, p. 183). It seems that a majority of qualitative researchers agree that even though the concept of truth is different compared to natural science’s concept of truth, a concept of validation is necessary. In the absence of some set of evaluation

⁸⁰ The qualitative researcher must strive for “transparency”.

criteria, relativism (all accounts are equally good or bad, worthy or unworthy, true or false) becomes a risk.⁸¹

I do not find myself in a position of relativism, where no interpretation or finding is more plausible than any other. I do acknowledge that awareness of context is important, and that reflections and discussions are necessary in the search for truth, and I agree that some kind of criteria or guidance for evaluation must be defined, although it is difficult because every qualitative design is unique to every study. Furthermore, a difficulty unique to music therapy is that music is often included in the research (Bruscia, 1998).

According to Bruscia, it is important, in the diverse music therapy research culture, to develop consensus about a few major domains of which the qualitative researcher should demonstrate awareness and sensitivity. After having surveyed music therapy literature, Bruscia (1998) has created four main areas of standards for good qualitative research in music therapy:

Table 14: Main areas of standards for qualitative research

1) Methodological integrity	3) Personal integrity
2) Interpersonal integrity	4) Aesthetic integrity

“Methodological integrity” is a domain that has to do with the coherence of the study and those values that guide the researcher in designing and implementing the study. “Interpersonal integrity” deals with the researcher’s relation to every person who is involved in the study, including the reader, and: how the participants are involved and treated in the study; the researcher’s relation to the community; and the reporting and discussions that need to follow both the process and the findings of the study. A core value in this context is that the researcher tries to learn from the inter-subjectivity of the study. The domain of “personal integrity” is an area that apparently is not covered with the traditional criteria from a positivist research paradigm. According to Bruscia, one of the main areas of “personal integrity” is “authenticity”:

⁸¹ In the section about truth, I previously mentioned Habermas, who states that truth must be determined through intersubjective communication and critical discussion. Habermas represents a critique of Gadamer’s philosophy about fusion of horizons (which mainly requires openness), because of a worry about the potential relativism of an ontologically informed hermeneutics (*Stanford Encyclopedia of Philosophy*).

Authenticity is the ability of the researcher to bring into awareness whatever is possible and relevant regarding oneself and the study... (Bruscia, 1998, p. 190)

Thus authenticity is an ongoing process of taking both personal and professional responsibility for all aspects, phases and levels of the research study, it is an “at-oneness” between consciousness, intention, experience and actions throughout the study (Bruscia, 1996). “Aesthetic integrity” is of high relevance in music therapy research; especially when qualities of art are integrated in the study, it is important to relate to and reflect upon aesthetics. Creativity is one of the aesthetic qualities to be found in qualitative research and according to Bruscia aesthetic factors influence the quality of our knowing. I have examined this theme in more depth in an earlier section (see p. 105).

4.11.3 Qualitative criteria reflected in the present study

To be in line with the hermeneutic tradition of self-evaluation, and with the risk of either repeating myself or concluding prematurely, in the following I will evaluate my own research study with the guidance from a general set of criteria defined by Abrams (2005), and in the section that follows, I will reflect upon Stige’s EPICURE – an evaluation agenda (Stige et al., 2009).

In his chapter about evaluation of qualitative music therapy research, Abrams (2005) presented a synthesis of existing guidelines found in current music therapy research literature. Rather than a definite set of criteria or rules, it is overall *themes* to reflect upon and to be guided by. The themes are:

Table 15: Themes to reflect upon and be guided by in qualitative research

<p>Reflexivity; Contextualisation; Groundedness; Durability; Usefulness; Comprehensibility; Aesthetic depth; Congruence; Ethical integrity and Intersubjectivity.</p>

Since Abrams visited the doctoral programme in music therapy at Aalborg University in 2005 and gave a paper based on his synthesis of evaluation criteria, I find that I have been guided by the list of themes from the very beginning and along the way, and in the following I will briefly exemplify my compliance with each theme.

Reflexivity: I have acknowledged that the researcher is a primary instrument in qualitative research and I have written my reflexive journal, and in this thesis shared some of the issues of self-inquiry with the reader (p. 124).

Contextualisation: I have described on several levels the frameworks, environments and conditions in which the research takes place and I have acknowledged the voice of each participant for example through contextualisation of the music analysis (reflection level five, see definition p. 121).⁸²

Groundedness: I have tried to do a trustworthy analysis by staying in contact with the empirical material through the process; the interview transcripts and the music example from each participant, and by doing thick descriptions of the material.

Durability: The consistency and stability of my findings are probably hard to evaluate, since the study as a whole is difficult to replicate. But I have thoroughly described the steps of my interpretive analysis, so that the reader can follow my work and other researchers will be able to use the design and methods.

Usefulness: As I have previously described, several of the student participants responded that it was meaningful and useful for them to participate. Furthermore, the study contributes with a great deal of practical knowledge and as documented in the next chapter the study contributes to the development of theory within the discipline of music therapy.

Comprehensibility: It has been my aim to present the study in an understandable way, avoiding too many esoteric or technical terms. In the recruiting phase and later, I developed information material for the students with descriptions of the study (see Appendix II, p. 380ff).

Aesthetic depth: I find that the analysis of text and music in this study has an aesthetic depth.⁸³ I have used creative media, the richness of the data material is treated with caution and I have tried to share the beauty of the experiences (painful or cheerful), the music, the dialogues and the reflections. In my communication of findings, I have written a poetic-musical narrative for each student improvisation. Since there is often (in music therapy research) a big difference or even a gap between the media studied (e.g., music improvisation) and the report that is communicated with words (e.g., in a thesis or research article), this poetic narrative suggests a way of linking the music media with reporting, thus linking art and science.

⁸² In the discussion chapter, I will elaborate on a critique in relation to the question of whether the present research study is fully contextualised in a philosophical hermeneutic sense.

⁸³ What I have done is to compare and integrate empirical material and findings derived from different data sources, which corresponds to “triangulation”.

Congruence: The present study is congruent in the sense that it is coherent and meaningful, even though the study as a whole is a mixed-methods study that fuses together different methodologies.

⁸⁴ The two research questions clearly lead to my choice of specific methods and it will be up to me through the discussion at the end to determine how congruent the study actually appears.

Ethical integrity: In the previous section about participants, I described my genuine concern for the participating students. Ethical considerations have coloured my decisions and my approach on every level of the study.

Intersubjectivity: In order to provide communal, consensual viewpoints, first of all, I have had many discussions on many levels with my supervisor, and every semester in our seminar in the doctoral programme in music therapy at Aalborg University I have discussed relevant issues with fellow students. Further, I involved a research assistant, who did some of the musical analyses.

The assistant developed hypotheses which I listened to and tried to resonate with as I contextualised them into the whole material of the students. As previously mentioned, I have conducted two member checks; the first one in relation to transcription and a second one after the vertical analysis of text and music. I had produced three short texts and I asked the students to evaluate how well they recognised themselves in the interpretations (see p. 195). ⁸⁵

Several of the ten themes or criteria listed above, I have found in different versions or variants in the literature, and besides Bruscia and Abrams, especially the writings of Kvale (1983, 1997, 2005) and Brinkmann (2005, 2007a) have guided me a great deal in my attempt to conduct trustworthy, scholarly qualitative research. ⁸⁶

4.11.4 EPICURE – an evaluation agenda superseding “criteria”?

Another important source of inspiration and guidance in relation to evaluation criteria in qualitative research was Brynjulf Stige, who also visited our research milieu at Aalborg University. Brynjulf Stige, together with two colleagues, Malterud and Midtgarden (2009), has proposed a “set of criteria” (EPICURE) for evaluating qualitative research. EPICURE is actually not defined as a set of criteria or meta-criteria, but as an “evaluation agenda”: a proposed list of issues that require consideration and discussion in the specific context of each study. There is no

⁸⁴ As described in the introductory chapter (see p. 5), I regard this study to be an overall qualitative study, with a quantitative method embedded.

⁸⁵ The member checks could also be described as establishing “credibility” (Mcloyd, 2001, p. 184).

⁸⁶ It is important to add that the evaluation of the present study is not a job for me as a researcher alone. My PhD committee will of course evaluate if the study as a whole is of high enough quality to award me a PhD. And the music therapy field, especially students and teachers in music therapy, will evaluate the durability and usefulness of the piece of work I completed.

intention to search for prescriptive rules for how exactly qualitative research should be done, Stige states; such a thing would be limiting for the content- and context-sensitivity that is characteristic of good qualitative research.

According to Stige et al. (2009), “criteria” represent conditions/rules upon which decisions and judgment can be based, whereas an agenda represents points to be discussed and therefore may embrace pluralism and development. Further, the existence of an agenda may empower the researcher in relation to the development and communication of reflexivity in relation to research processes and outcomes.

Table 16: The EPICURE agenda

- Empirical solidity
- Presentational Quality
- Interpretational sensitivity
- Critical awareness (self-critique and social critique)
- Usefulness (in relation to real world problems)
- Relevance (for the development of the discipline)
- Ethical trustworthiness

Stige proposes using this agenda for evaluations in relation to journal submissions as well as to support the qualitative researcher in doing a qualitative study of high value.

Compared with the synthesis from Abrams presented above, it is obvious that some of the reflexive themes are repeated. But in Stige’s agenda, reflexivity is regarded as implicit: the basic principle for qualitative research methodology is reflexivity. The “interpretational sensitivity” is not clearly represented in Abrams themes; may be it is embedded in both “groundedness” and “aesthetic depth”. Interpretational sensitivity is extremely important in a hermeneutic study. Not least in the present study, where improvisation examples from students’ processes of self-

experience are included. As an example of “interpretational sensitivity”, I think of the “improvisation narratives”, which are products of many circles of interpretation. I have included some question marks in the narratives to let parts of the interpretations into the open – which means that I, as the interpreter, really stay open and sensitive, with respect to the complexity of the music and the words; I keep on thinking about the possibility of interpreting and putting all the things together in another way, and with a question mark I invite the reader of the narrative to stay open as well. The “interpretational sensitivity” is in line with a hermeneutic approach; an interpretation will always be one out of several possible and an interpretation can never represent the final understanding of a case. Experience and understanding are moving phenomena. As Gadamer stated, the horizon of the interpreter is never static, *the horizon is the something into which we move and that moves with us* (see p. 75).

“Ethical trustworthiness”, the last theme of the EPICURE agenda, is a basic element that calls for attention from the very beginning of approaching a research study. As I earlier pointed out, supported by Brinkmann (see p. 68), good qualitative research in an epistemic sense goes hand in hand with good qualitative research in an ethical sense. I hope that in the previous sections I have documented how seriously the ethical questions were reflected along the way.

Finally, I want to point out what Stige has stated; though we cannot do without standards or criteria in the field of qualitative research, we must stay open to innovative studies that do not fully adjust to the norms, because qualitative research is often exploring the particulars or the unusual (Stige et al., 2009).

The present chapter about qualitative methodology; philosophy, considerations about methods and a concrete presentation of how the current qualitative study was undertaken, will now be followed up by chapter five which contains a presentation of the three pieces of text for each of the participating students: “Hermeneutic summary”, “Contextualisation” and “Improvisation Narrative”.

Chapter 5. Qualitative Results

In the current chapter three small pieces of text is presented for each participating music therapy student, one student at a time, to let the reader get a full impression of each case.

First the hermeneutic summary is presented. As mentioned previously the text is closely connected to the students' own words even though the researcher's reflective and interpretive notes are integrated. The hermeneutic summary is a text which hopefully expresses a new whole. I have written three head-lines for each of the students' summaries, to give the reader an idea of what the contents of the student's experiences are all about.

Next is the contextualisation – a text which represents level five in the music analysis. The purpose of this text is as mentioned to anchor the music analysis (step 1-4) from the research assistant in relation to the context of the student's life and his or her process in self-experience training. The assistant came up with a suggestion for interpretation in relation to each improvisation example. The words from the assistant are written in italics in the beginning of the contextualisation section.

Finally the Improvisation Narrative is presented. The attempt is to communicate in words the richness and complexity of the student's improvisation example in a musical way. Before each narrative begins, a short introduction is written in italics. Repetition from the contextualisation occurs in these introductions.

By the end of the chapter I will present a few overall thoughts about the characteristics of the improvisation narratives and then the students' responses to the texts (member-check) will be presented.⁸⁷

⁸⁷ It should be noted that it has been a challenge to translate the narratives into English. The Improvisation Narratives are therefore to be found in the Appendix in Danish (see Appendix VI). Further the mandala-drawings (assistants product from level four in the music analysis) are also enclosed Appendix VI. I suggest that the reader takes a look at the drawing in relation to reading of the Improvisation Narrative. The remainder material from the research assistant and the improvisation examples are available at the CD-R Appendix for the Committee. Unfortunately the sound quality is poor and erratic in some of the improvisation examples.

5.1 Anja (1.A)

5.1.1 Hermeneutic summary

- Contradictory experiences and attitudes
- Scars on the soul and their healing
- The importance of contact in the music

Anja is a student who presents a very contrasting story. What stands out for her in relation to her self-experience therapy are both very positive and very negative experiences. Her background also seems to be rich with contrasts from what she tells me, as she is from a home with much music, a home in which a lot of music was played, and a home in which she learned to be in the music. Also, Anja had a father, who was very self-centred and absent-minded, and did not see Anja, nor meet her needs. Despite these circumstances, when she was admitted to the music therapy programme, in her words she was “by and large a happy girl”. She entered the programme with no therapy experience at all; as a starting point she was without tools in relation to making use of the therapeutic space, and she found it hard to get used to making contact with her own vulnerability. The contrasting lived and gained experiences refer very much to the polarity of security-insecurity. In group therapy Anja experienced insecurity in relation to the therapist and to the group, her vulnerability and her experience of not being seen and of no holding, resulted in a feeling of further isolation and fear. In her individual therapy and inter-therapy sessions, on the other hand, she had strong experiences of being met and supported and feeling entirely safe. In relation to the negative and barrier-breaking experiences in the group therapy, she points to the fact that the responsibility was probably both with the therapist, the group and herself. She did not know her own boundaries, and sometimes she felt uncertain in relation to what came from her, and what came from the therapist or other group members. While expressing this uncertainty, Anja is at the same time very clear that there was a lack of safety in the group, and she finds it “unethical that a group of students are wounded in the soul in relation to a therapeutic process”. Anja acknowledges that inevitably you meet problems and things that hurt in the course of a training process which will change you (training to become a music therapist she describes as an “extreme process”), yet she thinks at certain times the students are exposed to unnecessary pains and trouble. Anja points to the fact that the programme has a grave responsibility, and that there is a need for quality control regarding the self-experience therapy within the programme. She finds it hard to see what she learned from her negative experiences, yet she does think there may be

advantages to knowing the contrasts, to have felt the difference between good and bad therapy experiences.

The music takes up much room in Anja's story. In a way it is a paradox that on one hand she gives a very detailed example of what the musical dimension meant to her during her self-experience, and on the other hand she experiences that it was hard for her to hold on to the music; she almost feels like something was stolen from her. Anja expresses a need in relation to the joy and creativity; she thinks the course of her training and the atmosphere in the programme at university were influenced by much heaviness and pain; and too little joy and music. Wondering, she asks whether it was possible to combine self-development with joy. So therefore her advice to future students is to take responsibility to give yourself what you need, and make sure to use your energy on something that gives you energy in return, so that you do not get "swallowed up" and exhausted. For Anja, holding on to the music, letting the music take up the space, was essential. Despite her own experience of the music's wealth and her conviction of the importance of the music, she needed to be confirmed about the importance of the music, and this happened to a great degree through inter-therapy, in which her therapist placed value on and made room for the music, and was very aware when the process did not move on without the music. Anja has deep respect for the student therapist's ability to be present in the music and to make use of it in the right way in the situation in question. This is illustrated by her vignette and her music example, in which, towards the end, with a single note repeated on the bass, the therapist gives Anja exactly what she needs and this at a very profound level, as it resonates with her childhood in relation to needing a present, stable and safety providing father. The therapist created the safe, stable ground which made it possible for Anja to move out, to move freely, and to express herself playfully. She felt seen and held and free at once. This masculine base and security are directly contrary to what Anja experienced in the group therapy. From this perspective, it makes good sense that at the end of her vignette she expresses that in her mind vulnerability does not equal strength. For it depends how this vulnerability is met, and to what it is exposed. Vulnerability may increase, or it may be transformed into strength.

Speaking of the value of the self-experience in relation to future work as a music therapist, Anja thinks it is ridiculous to imagine it would make sense if the music was not part of the process. She thinks that it cannot be explained how music therapy works, - music therapy must be experienced

in order to be understood. You have to experience the processes in your body with the music in order to understand how music therapy works, and in order to believe that it works. At the same time, Anja separates music and therapy when in the interview she expresses that the music is more important than the therapist's identity. This seems contrary to what Anja says in the introduction, that is, the various experiences "are all drummed together" into a whole. Anja proposes that her example from inter-therapy, containing the single essential bass note, is a good example of "therapy in the music" (that is, music as therapy). At the same time it is clear that her therapist has played an important role as a central element in Anja's therapeutic process; i.e., the fact that she could lean on another, that the therapist was able to take action in the music, that the therapist continued playing, even when Anja stopped, and that afterwards the therapist said "it was awfully nice to be your bass" – also appeared to be of vital importance.

Anja points out that self-realisation takes time, and it may be necessary to seek more therapy outside the programme, because once you have opened yourself to therapeutic processes you must go all the way; processing your problems in ways that allow for your understanding and to find peace, not least in relation to the family closest to you. She thinks that the training process (to become a music therapist) has added to her consciousness; the self-experience has given her increased ability to direct her own life, to live, to see "through the fog"; increased her ability to overcome difficulties. The self-experience is multi-faceted, Anja says. This means that the complexity in relation to the gained experiences is greater than merely negative and positive.

5.1.2 Contextualisation

Assistant's suggestions:

Individuation process. Longing/fear of closeness?

Processing and integrating a split? The struggle between positive - negative forces, (light - dark). Two become one.

The music example was from an inter-therapy sessions. Anja had a dream which forms the given for her and the student-therapist's improvisation. There is no information on what this dream is about. The therapist plays the double-bass and uses her voice, and Anja plays the piano. The improvisation is played at the end of the session in question, which means that they do not have time to talk about their experience in the music. Anja recalls that after the improvisation, the therapist tells Anja that she experienced her role as one of a father in the improvisation, and that they were together on a playground, where the girl Anja could freely play while "father" was

present. This description matches very well Anja's own experience. Anja was greatly occupied with the student-therapist's way of being present in the music. She describes the therapist as "brave" in that she has the courage to be present, of simple expression, and present in a stable manner. At the same time, the therapist is conspicuous without dominating, in a way that makes Anja feel free to play, explore, and discover something new about herself (individuation process). It makes a particular impression on Anja that in ending the improvisation, the therapist sticks to a single tone on the bass. This persistence in the music is a gift to Anja. Anja reports that not since she was a child was anybody a "bass" for her, providing a base, a ground, as her starting-point. Her experience of this kind of closeness in the music makes a strong impression on Anja. It is crucial for Anja to experience that she can let go and be free of responsibility because somebody else is responsible. Anja described how she grew up with her father, who was very selfish, self-occupied, and not-present, and that she has felt much privation in relation to the "fatherly" quality. In this improvisation, among other things, the therapist represents the masculine and the fatherly aspect, and it is new to Anja to be met in this way. Through this she discovers her own need for leaning on somebody and for being held. In relation to the missing safety and experiences of being overlooked and not-contained, Anja took negative experiences from home and also from previous therapy, and therefore her fear of closeness most likely plays a part – what can she expect if she is not used to having her space and having no experiences that the other will continuously be there for her? This improvisation touches on Anja's most vulnerable aspects, yet it does not exceed her boundaries and does not become unsafe for her. In this sense, the improvisation is precisely a process and a form of integration, of a splitting that Anja experienced in relation to her missing her father's stability, presence and support. Here Anja has the appropriate framework for her to express herself freely and she gains new insight of herself and deepens her understanding of her own needs, including the understanding of what she missed and felt deprived.

Anja contains numerous both positive and negative experiences of life, her up-bringing, the music therapy training, the therapy sessions and other things – and in the present improvisation a free space arises for her to explore the recesses of her own expression and her own needs. Positive and negative forces, darkness and light, play up to each other. There is room for this, and again, the therapist's response to Anja's way of expressing herself makes a big impression on Anja. The therapist manages to create a base of a masculine quality, which results in increased strength in

Anja and a reduction of an experience of isolation and loneliness; Anja makes mention that there is a “we” in the music in this chosen example, that is, lived experience of a meeting. This may compare to the theme “two become one”, also in the sense that the meeting experienced in the music is integrated and leaves a mark on Anja, in the sense that meeting the fatherly support becomes a part of herself (an individuation process).

5.1.3 Improvisation Narrative - Anja

This narrative portrays an improvisation brought to the interview by music therapy student Anja. The selected improvisation is from her inter-therapy training. Anja plays the piano. Her therapist plays the double bass (often called ‘bass’) while also using the drums and her voice in the improvisation.

Atonal sounds from the piano. Searching in a dreamlike land with no borders. Tempo at ease. The bass creates a steady ground. She unfolds many contrasts: high and low pitches, strange notes. In a stalactite cave. Is it warm or cool in here? Strong chords – in the upper register. Trills. Insisting chords.

The double bass is calling – repeating the same note in a fast sequence. Calling into nowhere? Or maybe bass and piano are both calling.

She is located in a field of tension.

And now she goes down. A chromatic descent. Disharmonic. She must find a different path, going down, or she will be drawn down, faster, by destructive forces. Dark sounds. Holding her breath. Silence.

The bass continues, resounding and creating a basis. Supporting her, going with her. She hears it, but it is hard to reach out for the support. Slowly she gets going again. Playing softer. Deep longing, looks for harmony. She scatters single notes over the space, without rhythm or melody. Darkness and light meet. Slowly on the halfway. The bass is somewhere in the background with its heartbeat, its structure and pulse. It won’t disturb her. That’s courageous, leaving her free to explore while still supporting.

Downwards again. A strong chromatic descent, in a slow pulse. She still reaches out for the high pitches, but now both hands find their way into the deep register. Slipping down the slimy stone steps. Walking with club feet. Waddling, down, down, down. This is a dark and threatening place.

A drumbeat sounds. She finds herself hopelessly stuck here. Destruction. Does her soul want to leave her?

A high-pitched voice is heard. Flying, long notes. A song in harmony with the piano chords. Expansion, coolness. Is it the dead singing for her? A line reaches her, and she is dragged upwards – followed by a heart, a voice. Her body is heavy. Something in her is alive. Again a search for harmony. Chords moving upwards. Slowly, heavy steps. Finally the piano notes are spread out and she is suspended between two notes only, from the deepest to the highest. Suspended between darkness and light.

The deep note of the piano. Repeated over and over. Sounds like a bell tolling for her. Simultaneously the highest trills, a spire towards heaven. The voice comes back. A song without sorrow, meant for her. She rolls down for the third time, now in a slow tempo. It is quiet here, she feels cradled. The waves are not so high here. Harmony and disharmony take turns. She looks cautiously around. There is air between the notes. She feels her breath, awaiting. Maybe still in doubt?

She is searching, without melody. Calling carefully ‘where are you – please come’.

The bass is present. With its single note of permanent obligingness, without disturbing, it is like a witness of her renewed integrity. She finds the melody on the piano now. In harmony. Slowly. There is air between the notes, and the bass is heard. She feels clearly that the double bass has been her fatherly base, her loyal anchor – all the way. And she realizes that she is actually able to lean on someone. She likes it – and she needs it.

5.2 Rikke (2.R)

5.2.1 Hermeneutic summary

- Confidence versus experiences of letdown
- Longing for coherence/integration of body and head (mind), experience and understanding
- The certainty in the music: the music helps you to feel yourself.

Rikke’s self-experience therapy in her training includes a sore spot, “an Achilles’ heel”, she calls it. She had some very negative experiences with group therapy in her second year of training

(after her individual therapy) that relate to her reaction to the type of therapy, the psychoanalytical frame of reference, and to her relationship with the therapist, which was characterised by a lack of trust. Rikke reports that she felt very ready to dive into it all when she started in the music therapy programme, yet she felt she got a serious rap on her knuckles. She discovered that what happened in the therapeutic process not only depended on her own state of being, but also on who the therapist was and on the fellow students who were with her in the group. The communication in her group was not safe, which may have occurred because many of the students had no previous experience of therapy and were unaccustomed to group processes. In addition, conflicts in the group happened which, in Rikke's experience, the therapist did not address, and which were far from clarified and understood. In relation to music therapy as a discipline and a method, these experiences created a great crisis for Rikke and she still feels uncertain in relation to group conflicts and to solving such conflicts in a good way. She describes a particular incident in which she was honest and vulnerable and needed intervention and emotional support from the therapist, but she did not get this. This traumatic experience of not being seen, met or understood left deep imprints in Rikke. She realises that she had a disposition to such experiences of letdown due to her own life story, as she carries an old expectation that she is not seen or met. She expresses that she may find herself in a state in which it is incredibly hard for her to experience that someone actually does reach for her, or accommodates her. Rikke felt a kind of re-traumatisation in relation to negative experiences of not being seen and met, and these experiences of desolation she calls "negative self-experience". Rikke's accentuation of a quite specific positive experience from her individual therapy may be understood in this perspective, as this incident is clearly about the therapist approaching her, looking at her, looking her in the eyes. She stopped playing the xylophone, and came to stand quite close to Rikke, who was improvising on the piano on the theme of loneliness. This relational experience was very moving and very important to Rikke. In her body she gained the experience of how important it is to create safety and confidence between the client and the therapist.

Rikke's experiences in relation to the first year of individual therapy by the way are characterised by her being in a process of gaining experience through her body. She experienced bringing out memories from a nonverbal level, bringing out moods and emotions that were rooted in her early childhood, and that she processed by singing, moving, playing and dancing. At the same time, she experienced an enormous frustration that she did not understand her emotional states of being, and

why they arose. Rikke acknowledges that developmental processes take time, and in particular it may be hard to put into words the early experiences that you get in touch with in therapy, yet she suffered from a lack of understanding what happened, and to know the base of her experiences. She would have liked help to understand. Rikke thinks that it is harder for her to look after herself when she does not understand what is happening. She would have liked to have more support in activating her adult self in order to better contain her therapeutic process; partly she longed for a sense of safely leaning on her therapist when she experienced something that she felt unable to deal with. It has taken her three to four years to understand some of what she went through. Rikke reflects upon the fact that perhaps she could have reached out for the help that she needed, yet she reports that it is a ‘basic premise of the self-experience in the education that you stay with yourself, the process needs to happen in yourself, and gaining experiences happens through yourself’. Rikke needed to seek more therapy outside the training.

While Rikke very much asks that the training and the therapists be clear and able to verbalise and explain the process in general, Rikke also describes that the most beautiful aspect of her self-experience process was when she had a realisation in connection with her being very present and using her senses, and when, for instance, she sensed a new aspect of herself in what she improvised; or by feeling herself better after an improvisation faded away.

So for Rikke, the most important epistemological experiences spontaneously arose while she was playing; several times for example, based in her experience of being stuck in certain patterns, she improvised from playing rules relating to the issue of “options” but without gaining new insight. However, when she moved into an inner emotional state of freedom by means of the music, she realised her options in the concrete situation of playing together, which in return proved rewarding with insight at a deeper level compared to situations when she tried to act based on a playing rule.

In the course of her self-experience, Rikke partly used the music to build up herself and partly to be reminded who she is, to experience fullness of herself, and for her expression. She is now certain that the music helps her feel herself, and that the music may both anchor and change her mood.

Rikke experienced that her old enthusiasm was awakened through the group-leading and the inter-therapy sessions. Here she felt enthusiasm for the creative possibilities within music therapy. At the same time, in the course of the inter-therapy, she experienced that among other things it was about looking at her own missing vitality affects and her deep personal disappointment. Rikke now had help from teachers in the programme, and she feels that she has taken the matter into her own hands in relation to her present situation. She often thought: why is this so hard for me, and gradually she realised that it is perfectly understandable, and that she acted naturally, in agreement with the story of her life. Rikke offers the advice to future students that it is important to learn to say yes and no, to be honest, and to care for one's integrity.

5.2.2 Contextualisation

Assistant's suggestions:

Identity is created through dialogue. Insecure identity? Answer/response. To step forward/to withdraw. Inhibiting expression. Individuation. Integration of aggression? Being under way.

This improvisation was drawn from an inter-therapy session. Rikke suggests that we listen to the music example at a point in the interview when we are talking about what the music meant to her in the role of a client in the course of music therapy training. The headlines providing material for the improvisation include: "self- abundance", that is, to fill up oneself by means of the music, and also to express oneself and give space to oneself. This relates to an issue that Rikke has also dealt with previously in her sessions, that is, musically to build herself up and strengthen herself. For Rikke, this improvisation as a starting point is actually not as much about her space in relation to others as it is about her remembering who she is.

In Rikke's experience, certainty relates to this music. The music can help her to feel herself – in the course of her inter-therapy sessions, through improvisation, Rikke experienced emotional realisations – she experienced more options present; it is possible to take several roads, and so through the music she has experienced discovering new possible actions and solutions. In a way, the insecurity that Rikke has been in touch with, particularly in the beginning of the training and especially in relation to a lack of trust in the group therapy, contrasts the above-mentioned experience of assurance and inner trust which Rikke describes when she speaks about her relationship with the music. She "builds-up herself musically", she is on her way – and her insecurity in meeting *the other* seems an important and problematic issue in her development,

while at the same time developing resources through her sensing way of being in the music. In the improvisations, she experienced her own presence, sensed new aspects of herself, or realised that “this is how it is for me”. Altogether, Rikke experienced feeling herself more, even after the improvisation faded out.

The assistant’s suggestion that contradictory issues are at play, in stepping forward and withdrawing, in answering and responding, could possibly reflect a dynamic that is about Rikke containing so much that she wants to express and show, and it is her natural need that this is received, mirrored and met. Yet as she experienced that this does not happen, there is insecurity in relation to stepping forward and engaging in dialogue, and thereby the withdrawal is an option. In the interview, Rikke describes her experiences of “taking the plunge”, totally open at the start of the training process and then getting the feeling that she “got a rap over the knuckles”. It is very important to note that she felt not-met by the teaching therapist in the group therapy, and she felt that this awakened an old and partly unconscious grief. She had to withdraw. Rikke reports that she may find herself in a space internally, from where she finds it extremely difficult to allow for the experience that someone reaches out for her or approaches her, and this fits with her old expectation of not being seen or met. It is possible that these negative relational and emotional experiences previously in Rikke’s life and during the course of the music therapy training have caused an internal tension consisting of both anger and grief, and that this may be expressed in a psychological and mental processing of aggression. The present improvisation may be seen as an illustration that Rikke’s path of development is characterised by the fact that she is nourished in meeting the building-up and resourceful qualities of the music, and at the same time that the music may contain and process contradictions in “taking the plunge” and withdrawing, in rejecting and receiving; all in all, the identity related insecurities which she experiences in relating to others.

5.2.3 Improvisation Narrative - Rikke

This narrative portrays an improvisation brought to the interview by music therapy student Rikke. The selected improvisation is from her inter-therapy training. The agreement is that Rikke should look for space for herself in the music, and nourish herself through the music. Rikke plays the piano and the therapist plays the double bass.

A single note on the piano somewhere in the middle. One step up, and then a pause. An open chord is folded out; sounding gently. More notes, a melody. Foundation is laid. It is like a voice that emerges. She emerges. Slowly. She is here – being as she is. And she would like to step into

the light. She needs it, needs warmth and light to nourish her so she can grow. She is giving lightness and easiness through her sound. There is no pulse; she is just being – with a careful expression. Listen, here she is.

One more time a broken chord. The bass is here. Listening to her. Witnessing what is alive in her. Answers her with a single note. They are answering each other. They are both present. The atmosphere is like an image of a lake, with clear water, and the wind in the leaves.

A more powerful expression, present – here-and-now, a faster tempo. More notes – she expands her own space. Sounding herself. Needs to do that, and needs to feel that her expression is received, even though she is not preoccupied with that right now. The important thing is that the bass continues to be here, listens, answers, is here for her – but not more than that. There will be no fighting. She will allow herself the possibility of sensing herself and fill up her own space. She finds her way. Supporting herself. Concentrating her energy. She spreads out. She is into a pulsating movement of stepping forward and stepping back. A dynamic oscillation between the heavy sound, the dark notes, and then the light sound in careful and tender notes. She has the energy to step forward. With a touch of a thrilling blues.

The vulnerability is present. And the tenderness.

But she insists – this is really important. There is tension. Excitement. Dynamic contrasts. She is dramatic. Forward. Maybe she is used to fight in with the wind in her face? Playing tritone. Expressing pain or strain. Something bursts when she wants to get on. A stone through a window pane, something is broken. Something in her is wounded.

The bass calms her. She is playing fast dense notes. A few notes in circles. Thrills are repeated. Like a run-up; an intense urge – a will to come through in an outburst. She insists to fill up her space. There is also a lot to feel angry about. Energy and emotions to tame.

The bass is still present. Quiet, quiet now. The bass is here. Holding her. Remind her what to be watchful about.

She becomes mild again. Finds her fundamental note in a high pitch. A centering in the fragile. Pauses. Then a few notes. An open chord. A question in the air. A touch of sadness. But she is on the right path. Searching for nourishment. She is about to shape. She needs to feel her own way. Find healing.

The bass continues for a while. Though she ends her sounding, she can still hear the quiet and serene continuity of the bass – answering her, holding her. Assures her, under her skin – about the opportunity for being in contact. An open ending.

5.3 Erik (3.E)

5.3.1 Hermeneutic summary

Getting to know the possibilities for and limitations of change,

- painful memories
- body, music and emotions are closely interconnected
- transformation through the music

Erik states that the experiences he gained from the self-experience processes have been of great personal importance to him. For him, a particularly important personal development was related to the self-experience. Erik has worked quite a lot on his childhood memories – especially concerning his relationship with his mother. Erik has been in contact with many difficult feelings, yet this has been tough in a good way, Erik says. Erik reports that the self-experience was not as hard as he initially feared, and through the music examples he describes how feelings and moods were positively transformed by way of the music.

In a similar way, the vignettes that describe particular important parts of the self-experience in detail illustrate that Erik had worked on early relationships with his primary caretakers. During this process, closeness to the teaching therapist played a big role. When Erik plays back the second music example during the interview (in which the focus is on meeting his needs here-and-now after he has been in touch with old grief and anger in relation to his mother), he laughs and says: “Actually, I am a little unsure who is who in this improvisation.” Beyond this, Erik makes little mention of the therapist and his/ her importance. Therefore, on one hand it seems as if the relationship with his therapist is of great importance, but on the other hand, it is as if the meaning recedes into the background.

Another paradox relates to the fact that Erik very often describes change, personal change; in detail he describes and reflects on the meaning and importance in relation to being professional. At the same time, the most important realisation he has experienced is that there are limits to change; you cannot become someone else. There are limits to development and change. Accepting

oneself and the given differences among fellow students is his concluding advice to future music therapy students. He also points to the possibility for change and the limitations of change.

The meaning of the body and the music is of particular importance. For Erik, body, music and emotions are closely interconnected. He very carefully describes a circularity of epistemological processes between these levels or parts. Erik has been exploring through body and music and thereby he has expanded his self-image and gained a better understanding and realisation of himself. “A lot more is in the hands than in the head,” he once said in a therapy session.

Erik benefitted greatly from being in touch with his body and with music, which he calls his non-conscious perception. At the same time it may seem like he attributes much importance to the therapist’s verbal interventions, almost as if the therapist are “smarter” than what he experiences or realises himself by feeling and listening internally. Also, Erik mentions that the self-experience is in “the backbone”. He describes how parts of the non-conscious experiences may still be retrieved, that is, they are accessible to the conscious mind. The music remains fresh in his memory; the effect of what happened in the improvisations remains the same, he says.

Consciousness seems expanded during improvisations compared to other situations, he states. He tells me that through the music he experienced better contact with fellow students, and that he could express himself better. Erik experienced himself as slower in thinking and expressing himself verbally than the others (the other group members were all women), however, in the music he experienced a space in which he could better be and attend.

Erik experienced a part of his personal work to be very painful, yet at the same time it was fine in the music to respond to the pain, and through the musical improvisation pain was transformed into something good. At least this is what he recalls – he has never left a therapy session in pain; on the contrary, he carries with him the feeling of emotions transformed. In relating to his work as a therapist and based on his inter-therapy experiences, Erik finds that the sound-images from the self-experience form a background, a kind of resonance board for listening to and playing with a client. It is important to know one’s own way of expression. Further, Erik is able to retrieve important dream material, which he relates to his self-experience process. For instance, the feeling of being able to say no, keeping his own boundaries, which he felt very strongly in a particular dream, and which he is able to retrieve as “a tool”. During the therapeutic process involving this

dream, Erik felt assured that it was very important without knowing exactly why. Furthermore, through the self-experience, Erik has added to his ability to observe himself and his patterns. Increasingly he realises when he has taken inappropriate action.

Erik states explicitly how he thinks the musical expression in the self-experience differs from creativity: in the therapy sessions there is an immediate way of being in the music, and finding one's own expression he describes as "just happening"; it is a very immediate way of communicating. To Erik, creativity very much means to make up something; to have good ideas and think of good solutions. Maybe you cannot separate these aspects after all, as in the context of the self-experience, your personal expression is also somehow creative when it is carried out. Erik has appreciated that self-experience is part of the education along with theory and other disciplines. In his experience, it is a positive characteristic that the same classrooms are used for different purposes. (Contrary to the perception that therapy happened outside the programme.)

In his mind, Erik keeps the various subjects/disciplines separated in that he has experienced much development in the discipline of body and voice, and these experiences did not directly interfere with his self-experience in the learning-therapy sessions.

5.3.2 Contextualisation

Music example no. 1 ⁸⁸

Assistant's suggestions:

Individuation. Closeness/distance. Expansion/contraction.

This improvisation represents the third part of an improvisation cycle in four parts. In the following, Erik responds to what he has heard in the second part, namely the therapist's mirroring of what he himself played in the first part, in which the playing rule was to play the moods from his childhood that his mother represented. Thus, the improvisation is a way for Erik to respond to and express himself in relation to his mother and her moods, which Erik describes as being pretty heavy in his childhood. All in all, painful memories from his childhood were worked on in his individual therapy, which was hard, yet in a good way, says Erik. In the interview, he expresses that it was fine for him in the music to be able to react against his pain. So here Erik tries to find

⁸⁸ Erik brought two improvisations to the interview, representing two parts of a course consisting of four improvisations. The two improvisations are in the same file on the CD-R.

his feet in a space with room for him to take up space with what is current in him. Then, individuation as an issue is confirmed. Erik expresses both resentment and grief in the improvisation. In relation to the closeness-distance problem, it is very possible that Erik needs to distance himself from his mother and that he used resentment for this – and maybe this was hard because mentally/mood-wise he was very close with his mother. Also, originally there was a longing, a hope to have space and to be met and held as the child, and therefore grief, as these needs were not sufficiently met. Perhaps you could say that, figuratively speaking, in this improvisation Erik is born again. He struggles to free himself from his mother in order to take and fill the life space which is his, and in which he comes to himself and discovers his own needs (similar to the assistant's words: "expansion and contraction"). Erik emphasises that through his self-experience he realised that indeed he could change, yet he could not become somebody else.

Music example no. 2

Assistant's suggestions:

Born to the world. Vulnerability. Embrace. Integration. A wounded ego is received and steps into the world? Life contains harmony, yet also attuned resistance. Breathing in.

This improvisation represents the fourth part of the above-mentioned improvisation cycle. Before playing this improvisation, Erik and his therapist discuss what he needs. During the play-back of the music example (in the interview), Erik smiles and says that it is hard to determine who is who. Both play the piano. Playing closely, they create the space that may provide Erik with some of what he needed then and needs now: a playful harmonic universe that is a freeing place for Erik to be and is healing in relation to the old pain. It is certainly a new space for Erik to be with himself and with the other. In trusting his therapist, he opens to new and deep needs to be met and find answers, and at once, staying in contact with his vulnerability and his opening, he has the ability and the power to come forward and play, to meet the attuned resistance that a good playmate (the therapist) may give him. It is an important aspect that not only are Erik's resentment and grief contained and met, he also gets equal companionship in a nourishing way of being together, which has direction for the future.

5.3.3 Improvisation Narrative – Erik

This narrative portrays two improvisations brought to the interview by music therapy student Erik. The two improvisations were played in the same session in individual music therapy and they constitute the third and fourth part of an improvisation cycle in four parts. In the first part Erik was supposed to give sound to the atmosphere that his mother represented in his childhood.

The therapist played the second part – reproducing what Erik just played. Next to that Erik reacted to what he had heard in the second part and finally, Erik and the therapist improvised together in the fourth part. The following text is related to Erik's reactions in the solo improvisation, followed by the final joint improvisation. Both Erik and the therapist play piano.

Alone by the piano. Now there is a space for him to express himself. Reacting. Showing his feelings, his pain. He leaps into it. Only letting out a few lumps. With abrupt, random chords out of key. Standing still – and leaping again. The sound is dark and cold. With many contrasts. He is angry. Exploding maybe – only maybe. He wants to and he does not want to. A broader expansion of sound – he is spreading out. His two discussing hands are starting to cooperate. There is a will – he wants to, would like to have an impact, would like to take up more space. It seems as if he is having an inner discussion or fight with himself.

Now it is getting more soft – soft sounds in minor, and the tempo is a little slower. A bit of warmth and light slips through. A melody takes shape. A thoughtfulness. He may be longing, towards softness, closeness. It is full of sorrow. Descending sounds. Can you feel me? No – he stands in front of someone who does not care. So he pleads into nothing. Not getting anywhere, repeating a questioning piece of melody.

Vibrating chords are spreading out in opposite directions, creating tension. The tempo increases again. Expansion. This is serious. It is painful. Heavy and threatening. Tritone and contrasts between deep and high notes emphasize that there is an inner drama going on, when he is trying to respond to the atmospheres his mother filled his childhood with. He doesn't want to be oppressed by that anymore.

In the music he can respond to the pain.

The warm soft light returns. Slowly. A quiet, quiet gathering of sounds in the deep middle range. Gathering and rounding off. Harmony. Sorrow. Yes, this is what it was like. The darkness is behind him, for now.

Yes, this is his expression, his feelings. Resting now. Spreading in ever-widening circles. Being himself. He allows himself to be and it is okay. There is a bed to walk upon in the water. He is here, right now. And that was then. A single high note stands out. Maybe pointing into the future. A living note.

The solo improvisation is followed by a joint improvisation;

Two pianos play calm, rich harmonic sounds. There is a broad spectrum of notes. There is plenty of space for both of them. Not audible who is who. They constitute a harmonic unit, they stick together. Come along says one of them, don't cry anymore. The other one answers, it will be

alright, I will comfort you – it hurts to be longing. There is an atmosphere of consolation, a soft warm sound. The water purls so quietly, bedrock, warm stones, pulse. Yes it did hurt. The past. He wants to be carried now. Carefully he steps forward.

He can hear that he is being heard, yes the other is repeating. Phrases are established and mirrored. Without disappearance of the common ground. Syncopations make it swing. A playful blues. Waves roll against the rock, purl down again. The wind in the leaves. Harmony but also tension. A comfortable opposition. Not too much. This is fine. It is a free and playful universe. It is a release.

They stick together, calmly approaching a concluding cadence. He feels the consolation of being together. He is met with recognition and understanding, firmness, light, encouragement. He is born to the world, embraced with his vulnerability. Integration is possible.

5.4 Nina (4.N) ⁸⁹

5.4.1 Hermeneutic summary

- Development of contact with and protection of her inner space
- The music is the trump card
- Recognition of various levels of learning

Nina appears to be greatly focused and self-conscious while describing her experiences and her development process through her self-experience in the music therapy programme. She states that her most important issue in all of her sessions was about finding her inner core and holding on to it. She was occupied with protecting her therapeutic space, the importance of respecting her limits and agreements, such as, not discussing the processes with fellow students outside of the therapeutic framework. In a similar way she worked with her own inner space, strengthening her contact with her inner core, and protecting and caring for this core. For this she leaned on a metaphor: a gown that she could wear and which helped her get out in the world while she also maintained the connection with her inner core. Nina describes the two metaphors, the core and the gown, as closely interconnected, and in relation to her music therapist-identity, she also thinks it essential to have one's core and the ability to protect oneself, to shut the door to the therapeutic job when off from work. In her vignette, Nina describes an important event from group therapy

⁸⁹ N brought an improvisation example of a very bad sound quality, and therefore the music analysis was not possible. Further N declined that the interview material was used for a narrative analysis.

that was exactly about sensing one's own inner space in a new and different way. She carefully describes a bodily exercise in which she was to lean back on the therapist's hands that were held against her back. The feeling of leaning against someone (here the therapist) was safe and great to her, and slowly she leaned forward again into an upright position. Here she physically felt how it is to stand on her own feet, to be grounded in her body, and at the same time stand openly in front of the group, and to take her space in the group. She carried this experience with her in the improvisation, and here she felt a change in her sense of self, and this change would not have taken place in a verbal conversation Nina thinks. Except for this vignette, Nina makes little mention of her relationship with the therapist/the therapists – the intra-psychic processes, her inward contact, are in focus. Nina describes an improvisation from her individual therapy in which she plays on her own. She "put on her gown" and played the drum and used her voice. This was a strong experience to her, and afterwards she drew the picture of a "primitive woman" and felt like a "primitive woman", having a really good connection in herself, downward and through her whole body. Nina expresses that this improvisation has not faded away in her; she remembers and has taken the experience with her into many contexts in which she needed to feel connected to her inner strength. Nina emphasises that the music made space for her to express various aspects of herself, of her core. What is special about the music, according to Nina, is that music creates a space that makes room for staying with a particular mood for a longer time, and for exploring what this mood contains. Nina experiences the music as being a trump card, a simpler language for her to express herself more naturally – the improvisations were always important because they made concrete what happened internally. Music is home ground to Nina; here she need not think so much and is able to allow her self to stay with what happens. Music is a means for Nina to get another perspective on a problem and help her feel her body. Though Nina experienced much joy in expressing herself in music, even when it was about sad feelings, for example, it was hard for her to go through her learning therapy sessions, exactly because she had to deal with so much else at the same time as her therapy was happening. In addition, she learned much from witnessing her fellow students' processes, as expressing oneself freely through music was not easy for everyone. Nina emphasises that the positive thing about group therapy is that one is inter-listening and interactive, and somewhat observing from outside when other students are in focus. Nina states that for some it was totally different having to express through music how they felt – and therefore for them it was a learning process to be a client in music therapy. She thinks this is a good thing to know in relation to meeting future clients who have no previous experience of music therapy.

Nina had several therapy sessions before starting the music therapy training, and this was very important to her because it made her feel well prepared for the self-experience therapy when the training began. She thinks it should be considered a requirement before being admitted to the music therapy programme that you experience some kind of therapy, as it may be very demanding to start therapy when everything else happening is also new. Her advice to future music therapy students simply is to seek therapy before entering the programme. Nina experienced the beginning of the programme as chaotic, and she thinks this was due to the fact that starting in the programme seems overwhelming in general, and therefore it may seem difficult to make time and space for one's client experiences. It was a difficult task for her to separate experiences, to define her limits between the various events that happened. The situation was better when individual therapy started, Nina says: "then there was a room of continuity in which you found yourself each time."

Nina is occupied with the relationship between being in the client experience and watching the experience from the outside; to perceive the learning aspects in a different light from when you are in it yourself. Separating these two things is essential. Nina reports that it has taken her some time to distinguish these levels. On the one hand, she expresses that for her the self-experience was mostly a personal process; she did not have the energy to add a professional perspective to her process. Also, she talks about how she practiced keeping to her limits, and how in her individual therapy sessions, she experienced each session as a process in three parts: she felt her body and was in the music, and at the same time a part of her heard what was happening. Additionally, she played back the recording of her sessions each time, and sat at home reflecting on her process, which for her was also professional training, particularly as you train to become a music therapist.

Being a client herself strengthened Nina in relation to taking on the role of a communicator, because she developed her contact with her inner calmness, with her core. She learned to be present and trust what she knows; what she needs is there, it is accessible to her. The client experiences, her self-experience, make a solid base, as a stepping stone bringing one a few steps forward in relation to becoming a therapist. It is a stepping stone in relation to learning that not everything has to be planned, and in relation to trusting one's own competencies. It is also important in relation to finding out where one's own skeletons and "black holes" are. Having

experienced as a client the many possibilities for expression in music, also complemented learning to think dynamically, Nina thinks. She imagines that her clients may benefit from the fact that she had client experiences and hopefully she will be able to put herself in the client's shoes, and that through her experiences with music she has developed her ability for creative thinking. And the process of development does not stop just because the music therapy programme ends; it clearly continues, Nina says.

Nina mentions that there is a difference between the learning therapy in the programme and the therapy which you attend outside university and pay for yourself, and she thinks it positive that the objective of the therapy during the training is for the student to make use of the therapy in order to become a therapist. Her own process was intensified by this future-oriented objective. Nina sees self-experience as an essential part of the music therapy training; she cannot imagine at all having been without it as, among other reasons, it was so rewarding in relation to the other disciplines. In her practicum experiences, in particular, Nina felt that her self-experience therapy formed an important base.

5.5 Heidi (5.H)

5.5.1 Hermeneutic summary

- The meaning of her background
- Healing experiences of loss
- Getting to know the music from within

The story of Heidi's life before the start of music therapy training makes up much of the total story of what she gained from her self-experience during the music therapy training. When Heidi was nine years old, she lost her mother to a sudden death. Much later in life, as a mother of three children, she was confronted with a divorce after many years of marriage. This put her into a life crisis, which also evoked feelings related to her mother's death. In the course of this crisis, Heidi became aware of music therapy as a profession, and the following year she began her training in the music therapy programme.

In describing experiences from her self-experience therapy, Heidi focuses on her individual therapy and the inter-therapy. She does not recall her group therapy. The processing of her mother's death was the overall theme for her. Heidi managed to open up her feelings of grief and loss, which were locked up all these years, and she developed the ability to be a mother to her own inner child. In addition, Heidi's process was characterised by the fact that she gained new experiences in relation to the music, she got to know the music as a medium from within – a growing integrated knowledge of the means of the music. The meaning of this must be understood in light of Heidi's background being of a more traditional kind. Heidi played the piano since early childhood. So did her siblings – and her mother clearly had ambitions on behalf of her children, particularly as she herself gave up playing. She sat next to Heidi and watched Heidi play. Practicing the piano had to be done in a particular way, and she had to play correctly. Heidi's mother died, and Heidi remembers that on the following day she said that she would not play the piano anymore. As a child, Heidi developed her survival strategy, which was to make an effort to remember ugly things about her mother. Now the ugly authority who had forced Heidi to practice the piano was gone. Later on, as a 13-year old, Heidi's grandmother inspired her to start playing again. Her grandmother also played the piano, and she taught Heidi to play with no music score.

Some years later, in her late teens, the guitar came into the picture and replaced the piano. Heidi recalls that she listened to Genesis' symphonic rock and sensed a strong feeling that she would do "something with music" in the future. Since then, Heidi has sung a lot, studied music at the university, composed music and more. Altogether, Heidi was much engaged with music. This engagement faded when her children were little, and when she and her husband divorced, her contact with music was almost shut down. Heidi had to set out on a journey of discovery in order to regain the music. She started listening to her old records again, started playing the piano, and she felt a "yes, the music is mine – this is what is in my veins" at the same time a great grief for her loss arose, which brought her close to the fact that she lost her mother as a little girl. And feeling the relentless loss of losing a loved one and being abandoned, Heidi received help, and the new course of her life led her to music therapy. Heidi states that it took her some time, space and rearranging in her head to let go of the musical rules and structures that were so familiar to her. Now she learned to listen, to use her ears and her feelings, to let things flow, and be open to the many possibilities for expression. In answering the question what would be Heidi's advice to future music therapy students, her immediate response is to let go, to let the music flow and to

allow for the expression. Here she also refers to the fact that most people carry burdens of which it is important to let go, to bring into the open and to process.

In the course of her individual therapy, Heidi experienced that she had built armour around her heart, and that it was firmly closed. It took time and trust to open her heart. In relation to this process, the relationship with her therapist was extremely important. Heidi reports that in no way could she have managed this by herself. She emphasises that in the music she and her therapist were good together, they inspired each other. The therapist made it safe for her; Heidi was able to let go, because she felt confident that the therapist was able to hold her. She refers to an epoch-making session in which she improvised with her therapist. While playing, Heidi experienced herself in the garden by the house in which they lived while her mother was still alive. She watched her mother standing in the window on the second floor while she herself was in the garden. It was a fantastically touching feeling to meet her mother in this way. At the end of the improvisation the therapist used her voice, which was something that reminded Heidi that her mother used to sing a lot to her when Heidi was little. Heidi got in touch with her joy, which she had denied for so many years, and with the loss of her mother. However, she did not fall apart; she was able to contain this, and the experience paved the way for Heidi later on to be able at various levels to deal with her feelings around her mother's death. The experience of this meeting in the garden is deeply ingrained in Heidi as a bodily and emotional gestalt that she can feel. Feeling and experiencing the music therapeutic process in her own body and having made conscious and cleaned up the important psychological issues, Heidi points out as being very meaningful in relation to becoming a decent therapist to others in the future. Heidi suggests that if she had not had the self-experience in the course of her training, she imagines how she would have had hidden agendas – much would have been wrapped up and hidden. Heidi thinks that moving one's body and physically embodying the processes by playing and expressing oneself are essential. She was very happy about the given focus to use one's body in the self-experience in the music therapy training, and the voice and body discipline were of great importance for her development.

In the course of her inter-therapy sessions, Heidi had the opportunity to continue working on the mother-child theme. She developed contact with her own inner child and allowed herself to be the mother to her, and to accept the child's grief, and at the same time to show joy to and care for the child, which freed new energy at a bodily and emotional level.

It was a challenge for Heidi to learn to combine and connect the creative and musical aspects with her intellectual aspects. It proved difficult for her to step out of her processes, and at the same time it was exciting to learn to change her way of being present; to change between roles. Heidi describes a similar challenge in the form of her wish to stay with being creative as opposed to a feeling of resistance to discipline and structure. Through working with her dreams in her individual therapy, Heidi reached the insight that she was able to develop discipline, yet it did not have to be her mother's way – she could develop her own form of discipline. Perhaps Heidi's extensive psychological work with meeting and containing her feelings for her mother and her death made it possible for her to process the split between the creative and the disciplined aspects. This split was possibly maintained throughout her life as a kind of connection to the life with her mother, because she remembered her mother as the authority figure who demanded discipline, and herself as a wild and playful child. Through therapy in the music therapy programme, healing took place, and new emotional dimensions developed, which made further self-development possible for Heidi.

Heidi experienced that direct contact with music may be created; there is no in between; it moves from one heart to the other. She uses her intuition very much when she is in the role of a music therapist, and lets the music rule. Heidi sees the music not as a tool, but as a medium, something flowing through her and to which she surrenders. This may be seen as a contradiction to the meaning of the personal narrative and the importance of the therapeutic relationship that are emphasised in her story. Moreover, she refers to the fact that the therapist must know herself and her vulnerabilities, to be actively and empathically present by means of the music. Heidi also mentions that she learned a lot by watching and experiencing a good therapist working. That is, numerous times she perceived, with a part of her awareness, how the music therapist actually intervened. Heidi concludes the interview by emphasising that music is an aesthetic medium, and she encourages the perspective that we don't solely see the communicative aspects of music therapy. The music itself is beautiful, the human being creating music is beautiful and the meeting which happens in music is beautiful, according to Heidi.

5.5.2 Contextualisation

Assistant's suggestions:

Trusting. The balance between darkness and light. The good must win. Fragile ego-identity? The need for acknowledgement? Reluctance to confront?

Heidi selected this music example from one of her sessions in individual learning therapy. Heidi does not remember what the conversation was about prior to the improvisation, yet she has a deep bodily and emotional memory of the actual improvisation and what happened to her here.

Heidi lost her mother when she was nine years old. Building trust in her therapist has been a central and crucial theme in Heidi's process. She had individual music therapy with the same therapist before she applied to the music therapy programme. At the time, when the learning therapy began, this trust in her therapist was already present and in addition to her maturity, this was what made it possible for Heidi to start on very painful inner work in relation to her experiences of great loss, especially the loss of her mother.

Perhaps one could say that Heidi has managed to balance between darkness and light for the many years that has passed. Until this point in the music therapy training, it was not seriously possible for Heidi to embark on a deeper processing of this early loss, apparently due to the darkness and the unknown strength of the emotions related to such an unhappy childhood memory. Gradually the therapist has come to represent positive mothering; in the close togetherness with her therapist, Heidi may have care, comfort, light and warmth. In trusting that her therapist is truly able to be there for her and with her, Heidi may make space for the good to win. Letting the good win is related to great pain, as the process opens for a tremendous and possibly unbearable privation. Furthermore, this may be understood in the light of Heidi having maintained a negative image of her mother as a strong authority figure who wanted Heidi to become a well-behaved and disciplined girl. Maintaining this image helped Heidi control her feelings of love and deep longing in relation to her mother. So in this improvisation, a break-through happens in that Heidi makes space for the good memory of her mother to appear. Heidi sat at the piano and her therapist played the marimba. The therapist stood obliquely behind her so Heidi could not see her, just hear her. What actually happened was that Heidi experienced herself in the garden by the house in which she lived with her mother when she was still alive. Heidi watched her mother standing by the

window on the second floor of the house looking down at Heidi while she was in the garden. It was a fantastically moving feeling to her to meet her mother in this way, in spite of the distance between the garden and the window, and despite the fact that the window was shut. At the end of the improvisation, the therapist used her voice, which reminded Heidi that her mother used to sing to her a lot when Heidi was little. Heidi got in touch with the joy she had denied for so many years and with the privation in relation to her mother.

There is a deep appreciation for and existential recognition of close relational ties between people. Heidi missed and was deprived of being seen and nourished through her mother's love. In this perspective, the music example also illustrates Heidi's need for acknowledgement (this is comparable to the assistant's suggestion). Heidi had sufficient ego-strength to go through her life with a protection defending the fragile aspect of her identity. Perhaps this fragile aspect of her ego is made visible/audible in this improvisation in which she allows herself to enter a personal landscape of vulnerability. Heidi calls this improvisation a "heart opener". The assistant's hypothesis about "reluctance to confront" can be confirmed by Heidi's own words: "I could not have done this on my own." The improvisation illustrates the start of a healing of the loss, and in this process Heidi first of all needs to protect the social intercourse and to receive the therapist's support and acknowledgement.

5.5.3 Improvisation Narrative - Heidi

This narrative portrays an improvisation brought to the interview by music therapy student Heidi. She has chosen a free improvisation from her individual therapy. She is playing the piano while the music therapist plays the xylophone and uses her voice later in the improvisation.

The piano begins in an indefinite disharmony. There is no pulse. Where is she right now? In a no-man's land.

Yes, a no-man's land. This is her background—in a specific way; and the music will tell the tale of this land, of her longing for human warmth. And the music will transform her.

She contacts her own pulse. Soon she is met by the xylophone; the therapist who is there with her. They walk harmoniously together into a space of lightness. It is a garden; the garden of her childhood. She plays the melody, the therapist is mirroring. She feels trust, and they develop a partnership. The tempo increases; this actually feels good. She is filled with courage. Everything

will be fine. Together they make a melodic ascending. She wants to play. A more dynamic feeling emerges.

One false note is heard. Slight uneasiness while disharmony mix with harmony. Who is in the foreground? Darkness mix with light. She is in the garden of her childhood, being only a little girl. The disharmony is insistent. The truth is, she lost her mother. Being a playful child, all of a sudden she lost her mother. In the middle of a play. Her mother has been absent ever since, because none was able to contain her grief.

Her heart was armored. She took great pains in remembering only bad things. So that her mother's disappearance could be felt like a relief – not as a loss. Mother has only been present as the shadow of an authority – a shadow she could turn her anger against.

But here and now she is in the garden, standing on her own two feet, with her own music, supported by the sounds of the xylophone, finally ready. Ready to look up and listen to herself in a new way.

When playing she experiences being in the garden by the house where they lived when her mother died. In this waking* dream she is child and adult at the same time.

A voice is heard – the soft voice of a woman. She looks up and sees her mother standing behind a window pane on the first floor. Yes, the mother is there, looking into the garden for her child.

A singing voice; a lullaby. Calm and with no contrasts. It feels serene. The sound of the voice is simple and clear. She joins the soft waving of the song. Her heart is opening.

This is deeply touching. Being in contact with her mother, in spite of the distance. The distance between the garden and the window which is closed. Joy and sorrow experienced simultaneously, and yet she does not fall apart. Serenity and safety being manifest. Her whole being is quiet. Being able to live. Living side by side without the urge to create disharmonic tension. She is crying at the piano. A silent river.

5.6 Olivia (6.O)

5.6.1 Hermeneutic summary

- A challenging start to the music therapy study
- The fundamental meaning of the improvisations
- It is important to learn by experience, to listen to and follow one's intuition

Olivia's experiences with the self-experience sessions in the music therapy training programme are very much about self-absorption, exploring various aspects of herself, getting to know herself better, and developing self-acceptance. The music very clearly appears to play a central role in Olivia's descriptions. The space emerging for her through the improvisations has been of great importance. In her vignettes written before the interview, musical improvisations make the story. What happened in the music, which instruments she played, and the theme from which she improvised is what she remembers. She does not remember the verbal conversations; only the improvisations stand out in her memory, and she reports that in her continued personal growth she still gains support from the improvisations in question. During the interview, we talk much of the time about what happened in the music; many scenarios and narratives unfold themselves, in which the music, the improvisation, make the frame or the scenario.

Olivia expresses that there are more layers to what she has learned: she has gotten to know herself better in meeting others, that is, both fellow students and various teaching-therapists, and she has both gained experiences from her own reactions to these interactions and from experiencing the therapist's way of intervening with her or her fellow students' therapeutic material. Olivia finds it worthwhile to witness other's reactions in relation to each other. In this way both individual and group therapy appear to be valuable areas of learning to her. In the individual therapies, Olivia has experienced coming in contact with deeper levels in herself, and in this context the music has been a sparring partner. Here her head has been "disconnected" and her contact with her body and emotions connected. In Olivia's experience, the improvisation opens the possibility of causing something positive to happen in the sense that a certain theme for exploration will often change during the playing; and one can freely move around in other states of being (moods), different from the initial state of being. She says that she is much better at "diving" into the present moment in the music compared to her participation in a conversation in which she happens to be

ahead or behind in time. In the verbal conversation parts of her self-experience therapy, Olivia experienced herself becoming too rational to be able to explore herself, whereas the improvisations became an inner journey of exploration which caused an expansion of her knowledge of herself. At the same time, something happened to her closeness with herself; when being in the music she was able to more clearly feel herself. In relation to carrying with her the experiences from the music/the improvisations, Olivia speaks about a bodily memory in her spine, of closeness with herself. To her, this means that through her body sensation she can recall her experiences from the music.

Central to Olivia's experiences is the theme of intimacy. She reports that she has difficulty in showing her emotions in a room with many people. Therefore she struggled a lot with her shyness. She has been angry about the shyness, but through the self-experience she has had the opportunity to develop acceptance and containment in relation to herself, so that she may better be able to stay with the shy emotions. In relation to working with closeness to the opposite sex, among other things, she has been confronted with a vulnerability and sorrow that she has such difficulty being intimately in contact. Through improvisations, in which a space and a context may be established, Olivia feels that she has developed the ability to stay in contact with her emotions.

The music example Olivia brought with her illustrates how Olivia needed the music as a free space in which she could experiment with letting go, fully setting herself free, expressing the incorrect and the odd. She talks about the relief and emancipation that can happen through the improvisations.

Olivia started the music therapy programme when she was very young and had no therapy experience at all; she remembers the beginning as a particularly hard and vulnerable time. She felt like she was naked in this situation, finding herself in a new region, knowing nobody, and at once entering into a group of music therapy students who were very close.

Olivia came from a family in which she was used to much talking and reflecting; yet it was overwhelming to her when group therapy was initiated in the first semester. In the beginning it was difficult for Olivia to find her own roots; she was uncertain of her own intimacy boundaries,

and when the individual learning-therapy started it was a relief to her. Here she could find her own footing and have help in understanding her role in the group dynamic. Furthermore, Olivia has experienced the individual therapy as a form of healing that can help the student cope with all the almost macabre elements one can confront in one self in the course of the music therapy programme. Through the group work, Olivia has learned a great deal in relation to expressing her self honestly and from within, as she had been unsure what would happen if she followed her impulses. She has gained experiences that show how listening to her own needs and desires is something positive which does not disturb and is not bad for others; several times in group improvisations, she has experienced wide support from fellow students exactly in relation to the point when she followed her impulse in her expression. Also, her music example illustrates a similar experience; exactly when Olivia screwed up her courage and let go to follow her intuitive impulse with no consideration for the other (here the therapist), the therapist experiences that Olivia becomes much more clear, and that the space between them allows more space for the therapist. This paradox, that Olivia becomes less dominant when she cares for what she feels in herself, is an important experience. In her trainee experience, Olivia discovered that she dares to follow her intuition; that is, she has had the experience of feeling something in the moment and had the impulse to intervene in relation to the client and at the same time not knowing exactly why. Only later it simply proved to be her way of making contact with the client. Olivia thinks that the composure she has gained in relation to following what she feels has come out of the improvisations in the self-experience therapy.

Olivia reflects on the distinctive ethical relationship between therapist and client/student, in which the therapist is expected to be the wise one. According to Olivia, the therapist should validate the interventions; check if for example it would be okay for the student to participate in a particular exercise or technique. A few times Olivia has felt that she herself went too far and agreed, yes, let's try something which in fact she felt went beyond her limits. Subsequently, being with fellow students was uncomfortable for her. Navigating in the borderland between the group therapy and outside the therapy was difficult.

Olivia describes how she herself has feared that she was not accepted in the programme as a person and as a future music therapist, and in the beginning she therefore made much of telling her therapist that she was in control of things. In the course of the therapy, learning that therapists

are not “miracles”; problem free human beings, has helped her to uncover honesty in herself and in relation to the issues she needed to work on.

Olivia advises future students that they should receive and consider the self-experience sessions as something they give themselves as persons, and that they leave thoughts about becoming a good therapist for the time being.

5.6.2 Contextualisation

Assistant’s suggestions:

Split. Dissociation. No-contact. Dominance problem? Full of contrasts. Ignorance?

This music example was drawn from Olivia’s inter-therapy sessions. The idea introducing this improvisation was for Olivia to just try playing herself, describing herself by means of the music. An overall issue for the sessions was that Olivia explored different aspects of herself, in order to discover and develop her own resources and to integrate more aspects of herself. In the inter-therapy sessions, she worked on surprising herself and exploring aspects that psychologically and mentally of which she knew little beforehand, and among other things she aimed at being able “to let go more of herself”.

For Olivia, this improvisation is, for one, about her getting a sense of her roots, by seeking to express herself in a folk tune. On the one hand, she experiences positive feelings of peace and joy in sensing her roots, her past, her childhood, and her family, which is represented by the sound of the folk music. At the same time, she also experiences annoyance that she cannot play it properly. At one point, the improvisation takes a turn and changes into an “incorrect playing”, and here Olivia seeks to outlive something distorted through the music, which contrasts her wish to play in the right way. Instead, she is now in touch with her wish to let go of the correct way. Therefore it may be typical that the improvisation is characterised by “contrasts”, and perhaps a “split” is illustrated between a demand to behave “correctly”/live up to a norm and a demand to behave more “incorrectly”/free-born in her expression.

Perhaps this problem compares to what Olivia goes through in relation to an overall confrontation between her “old” and new life in the course of the training. As a very young girl she moved to a

new town and started an unfamiliar training/education, finding everything new to her. And she found herself in need of sticking to her personal base, from where she came and what she brought with her, and at the same time, in order to develop personally, she needed to exceed her limits and the norms that she brought.

In this improvisation, Olivia's task was to play with no consideration for her therapist. Therefore contact is not what marks the sound-image. She tries to free her crazy, funny, and goofy aspects of herself, and on the one hand she feels that in the improvisation she may live freely, but on the other hand (at least during the play back), she observes her own withdrawing in her voice expression, and it may be difficult for her to just fully be herself in expressing herself. One may understand the improvisation as a step on the way in relation to integrating an aspect of her personality, the distorted and incorrect, which was in the shadow.

Olivia tries to take her own space, the starting point being that she needs not to care what others think (presently the therapist represents "others"), and also the therapist must just play what she likes. Paradoxically, the therapist, who often found it difficult to find her space and play together in their common improvisations, now experiences that it is easier for her to be there as she actually feels and sees where Olivia is when Olivia stays much more with her own space and allows for the distorted and rebellious aspect to be expressed.

Finally, it should be noted that in the interview Olivia describes a personal problem she had going to her self-experience sessions with a therapist and at the same time having to find herself qualified to become a music therapist – at the beginning, she made something of telling her therapist that she (Olivia) was organised, though she did experience various problems in her life. Olivia was anxious that she was not accepted in the training, therefore it was a repeated challenge for her in her personal development to let go of her ideas of what was expected and what she had to live up to, and to "show herself in her true colours", while trusting that she did what was needed. In the course of her self-experience, Olivia gathered valuable experiences of being received and positively mirrored when she followed her spontaneity and intuition.

5.6.3 Improvisation Narrative - Olivia

This narrative portrays an improvisation brought to the interview by music therapy student Olivia. The improvisation that she chose was from her inter-therapy. The playing rule is that Olivia should try to describe herself in the music without dealing with what the therapist does.

She should only do as she likes. She is supposed to imagine that she gets out of her “bubble”. Inside the “bubble” Olivia is dominated by following what she believes that other thinks that she ought to do. Olivia plays the piano and uses her voice. She is ending by playing the cello. The therapist (who is a fellow student) plays the xylophone and finish by playing the djembé.

She is playing - taking up the room. She is seeking around the centre of the piano – something well-known. Fragments of a folk-dance interrupted by some moments of pausing. She must find it. She likes this song. She is in high spirits – like Pippi [the red-haired girl from the Swedish children's book author Astrid Lindgren's universe]. This is funny. So the melody has to be found. The hands continue to seek, harmonious in major. Heavy and light, a dancing waltz; try again. The piano takes up the space and she likes that. She likes when it sounds right. But now she cannot remember the piece accurately and that is annoying to her.

The therapist plays on the xylophone in the periphery. Plays unknown notes – does not follow her. Cannot or does not want to? Is not there with her? The therapist creates a little melody on top of her ground, probably trying to follow her. But she doesn't care anymore.

She continues to try. She just wants to dance. Holds on to the chords she found, now elaborating on the rhythm. It reminds her of her own roots. It is so good. Like roots that grow under a tree - or cultural roots; the sound of folk-music. Come on; it will be fine. This is wonderful. Now it works. She increases the tempo. She is autonomous. She finds the melody again, and the sound - it resonates her personality. Having roots and be far branching – solidly planted in the past - in the history of childhood. She is happy to be so close to her roots, to the ground, her childhood, the honesty.

She improvises a melody. It continues. The expression is slipping. The sound picture twisted round – like a carrousel. She is whirling now, out in a broad spectre of notes, flying off at a tangent. Out into nothing she falls heavily, running down the notes with a sound that darkens. Clusters of chords and abrupt tempo, in frustration. An elephant tramping in an atonal whirlpool - between roots. Fragments of folk tunes are wrenched in incorrect way of playing. The xylophone comes along. It is a massive chaos of distorted notes. It culminates in a shared absurd expression. She sings out of tune.: “min pige ville med – dengang jeg drog afsted”. [A text from an old Danish song: my lassie came along – the day I left for war] It is absurd and bloody awful. It is a dramatic revolt. Pink and black. She wants to be herself, wants the right to play the fool. It does

not have to be correct. Incorrect playing is most funny. She is laughing. What a releasing sound-circus. What a relief - just being. It is easier for her to be there. And for the therapist too. It is easy to join the irregular. She loves to be allowed to be incorrect and ridiculously foolish. It makes her feel like living. Living in a free way, like in this improvisation...

The music is long-winded and she stops. Stands still. Single irregular notes. The xylophone. The voice. No melody and no dynamics. Where is she actually? What path will she follow? Her voice is meek. She sounds the cello now; searching for the irregular note. Squeaking. Chafing. Maybe she is angry? Maybe shaken up? The therapist plays the djembé – is present, matching her energy. She is searching for herself, looking for her femininity. From a new point of departure. Uhhh – she is calling out loud. Finally centering herself in long strokes, then a single note, voice and cello, airy. The drum rhythm creates grounding. A very special mood – fade out.

5.7 Gitte (7.G)

5.7.1 Hermeneutic summary

- Processing boundary problems, including allowing anger to be expressed
- Development of centering, self-care and independence
- Imagery in relation to music (activating inner helpers as a viable resource)

The vignettes and the interview with Gitte are filled with images, metaphors, emotions and themes of integration and transformation. She speaks in a general way about the self-experience in the training. Further, she goes into detailed descriptions of her personal self-experience process.

Gitte considers the self-experience as the most important in the music therapy programme because she thinks this is something you cannot learn elsewhere. She sees it as a stamp of quality of the kind of therapist that she will become, and during the interview she gives concrete examples of what she means by this; for instance, through the self-experience she worked with her honesty in the sense that her inner sensations are in accord with her body language and what she expresses. Earlier on she was not able to link the two aspects, which caused a feeling of loneliness in her. Through her self-experience, Gitte had the courage to open her self more, to encounter her more vulnerable, insecure and chaotic aspects, and to be attentive to and caring for those aspects. In this

way her self-experience paved the way for her to address her countertransference in the therapeutic process with clients (Gitte's own experience as trainee in her practicum period). She felt the self-experience therapies were a chance for rather than a demand to work with her own issues.

Gitte has realised that she needs to nourish her self, care for her self at many levels, in order to be able to be there for others. Her self-experience process to a high degree was about learning to listen to and look after her own interests and needs rather than solely focusing on the needs and interests of others. Gitte mentions that she finds it an important "mission" as a music therapist to inspire in others what may nourish a person. All in all, Gitte considers the emotional part of the expertise developed during her education as extremely important. She thinks that without the therapeutic track, the training and education would be more fragmented; she would feel unable to emotionally encounter the material taught, and she might have developed a concept of "them" (the clients) and "us" (the therapists).

Gitte recognises the personal themes with which she worked during the self-experience therapy as main themes in her life. These themes appeared again and again, and they developed almost as in a spiral movement, in the sense that she gradually went deeper with the themes and gained new perspectives on them. Boundary problems are a theme with which Gitte has worked a great deal. As a child she experienced close caregivers exceeding her boundaries, and in her life she has experienced that she allowed for others to invade her space, which has made her very angry, though she was not able to express her limits or her anger when her borders were crossed. Gradually Gitte's self-image changed, as she previously perceived herself as someone who should be a container for anything. Even saying "no" meant something very aggressive and destructive to Gitte. Today she has a more realistic self-image, she recognises her own limitations and needs to look after herself, and she is now much more able to provide care and appreciation for herself.

Through the course of the self-experience, Gitte experienced that she very easily forms imagery when she plays or listens to music. She feels that this imagery makes it easier, more tangible for her to relate to her self. Very strong imagery of various creatures and figures have symbolised aspects or parts of her personality, and at the same time functioned as forms of inner helpers. One of these prominent parts of her personality was the "warrior woman". The "warrior woman" is

very feminine, calm and centred, and furthermore so well defined and integrated that exceeding her boundaries by accident would never be a possibility. She is also very tolerant, but in a way very different from Gitte's experience of having felt like the devastated container. In more musical improvisations, Gitte explored the "warrior woman"-aspect of herself, and she experienced herself developing her adult and womanly power, intuition and delimitation. Gitte also expressed that her process was about growing up, changing from being very impressionable to becoming more integrated, independent and focused. Another important aspect of her personality is represented by a "dragon", which also refers to the theme of boundaries. As mentioned before, Gitte identified anger due to her violated boundaries and anger because she felt let down (she had to be a nice girl in order to be worthy of social intercourse), and in her mind the suppressed anger and vitality were envisioned in the imagery of a chained dragon. Through the improvisations in inter-therapy, it was possible for her to experiment with ways to free the dragon – as a symbol of letting go, of energy (drive), of enthusiasm and outward marking of her personal boundaries.

A third important metaphoric figure is that of a small "fairy", which Gitte experiences as a loving and keen helper, almost like a warm mother figure. For instance, the fairy appeared in a vocal improvisation in which Gitte focused on trying to provide care and comfort for herself after an extremely unpleasant and barrier-breaking real-world experience. The fairy sprinkled magic dust around Gitte's heart – similar to an inner experience of self-care and self-protection. At the same time, for Gitte this was an experience of being met and healed by the therapist. Gitte experienced that her inner child was expressed, and she was received and held. At the conclusion for the inter-therapy sessions, Gitte experienced an integration of the various aspects of her personality, among other things through the improvisation in which the three previously mentioned characters – including their different qualities – were interconnected. Gitte reports that the different inner images/helpers are still important, and they have also helped her after the therapy sessions. When she listens again to the improvisations, she still feels the power in the music. In periods when she has had a hard time, she has been able to make contact with the various personality aspects and their helping potential. The recognition of her personal issues and patterns and her insight into the inner resources are of great help in Gitte's current life.

Gitte experiences the music in the self-experience therapy as a constructive and positive field, as the music provides a frame for something to unfold, and because the music has the ability to contain more aspects of a problem at once. The improvisation may have a constructive effect, which was what Gitte experienced in the above-mentioned vocal improvisation where the fairy's magic dust caused the filling in of a hole inside that Gitte experienced. Altogether, Gitte is greatly occupied with what is special about the music. She describes the music as an extremely good medium for her to work in; she has always played and expressed herself through music – since childhood she has used music therapeutically. In the musical parts of the therapy sessions, she was able to go into the experience, for instance that of the inner child, which was not possible for her in the verbal dialogue parts. The fact that she has experienced in her body what music can do opens possibilities in relation to working as a music therapist herself; it gives her an inner understanding of music therapy, Gitte says. In her experience, music creates a frame within which the music therapist may provide both challenge and support in her play, which was important in Gitte's own process. Furthermore she thinks that her self-experience has expanded her possibilities for expression; she has exceeded her limits for what she thought possible musically – and the expansion of her musical amplitude, she thinks, will make her more able to meet what her clients might bring in the future. At the same time, Gitte underpins how important it was for her that there was a combination of the verbal and the musical material in the sessions. For her it was important to reflect and put into words what happened; the process of development did not solely happen in the music.

Gitte also experienced that there were difficult aspects to the self-experience therapy in the course of the training. Overall it was a great challenge to find a balance with “three balls in the air”: the three tracks in the education (the musical, the therapeutic and the academic disciplines). As an example, at times it was difficult to move from therapy to playing together and then to the theoretical education in one day. Especially the beginning was a strong experience; many students had recently moved to the city, and were met with the demand to expose themselves. Altogether Gitte missed a more thorough introduction to the therapeutic track at the beginning.

Right from the start, intense group processes began. In the beginning Gitte felt greatly influenced by her fellow students; some in the group did not care for the compulsory self-therapy or some students had a particularly negative or positive approach to what a teacher brought to the class.

Even though Gitte had a good experience with the relationship with her teaching therapist and the therapy sessions, this experience was disturbed by negative comments from one of her fellow students. Furthermore, the group was divided in two in the preliminary group therapy, which made it difficult to approach the fellow students in the other group. In Gitte's experience, she struggled hard to put the group together, and it was only far into the training – during a workshop on voice and body work with an external teacher – that the true feelings behind the facade were shown, and Gitte felt herself growing closer to her fellow students. At the same time, Gitte also experienced very positive mirroring from her fellow students – she felt heard and seen. Gitte also speaks of other problems in the studies; observing each other's process in individual therapy and taking on the roles of therapist and client together with a friend/fellow student in inter-therapy proved particularly challenging.

Gitte expresses that the self-experience is made of a mixture of trust and responsibility. You have to trust that the programme provides a qualified environment, cared for by qualified people, and at the same time you have to be yourself and not feel like a victim. This is a learning process, and she finds it healthy to feel what is challenging and to express her needs. Gitte would like to share her experience that there are numerous gifts and treasures within the music therapeutic space during the programme if one dares to enter this space together with one's fellow students.

5.7.2 Contextualisation

Music example no. 1

Assistant's suggestions:

Self-destructive aggression, and ambivalence in relation to the Other.

The music example was drawn from an inter-therapy session. In this improvisation, Gitte expresses her accumulated resentment and aggression; resentment at her surroundings for letting her down as a child, and anger with herself that she let herself down, that she could not back out or express her needs to others; she was afraid of the destructive powers of resentment, anger and even defining her boundaries. Before this improvisation, while focusing on her body, Gitte had a mental imagery of a dragon's foot chained and in a cage, and she found out that this dragon had a message for her; that she had been let down. Strong forces had been chained and caged in. The therapist suggests the following play rule: "Try to give the dragon more space, set it free with no concern for what others may think – let the dragon express all his resentment and anger that he

was let down.” After the improvisation Gitte feels liberated. She feels this in her solar plexus. She feels like she has freed something that she restrained for a long time. She calls this a “struggle for freedom”. You could say that her problem has been that she withheld aggression, and that this problem related to ambivalence in relation to the Other, in her childhood in relation to her parents (similar to the assistant’s suggestion). Yet in this improvisation, she confronts the fact that there is a dragon, there is anger, and she works to free the dragon even more; that is, she struggles to express herself, to manifest herself, to stand up to herself, and to express her anger and resentment. The atmosphere is also mixed with sadness/melancholy. It was an unhappy dragon that was chained and caged for so long. In this way, a portion of her life energy was self-destructive.

Music example no. 2

Assistant’s suggestions:

Unprotected vulnerability. Ambivalence. Distrust of the Other? Deprivation?

This improvisation is an excerpt from an inter-therapy session. In these sessions, Gitte works on defining herself and on caring for and protecting herself. She arrives at the session in question upset and on the verge of tears due to a current situation in which she did not manage to keep her boundaries and therefore felt she was abused. Before the improvisation, she listens to some music that seems healing and loving, she feels contained and carried by the music. This leads to this voice improvisation on the issue of self-care. During this, Gitte has the imagery of a fairy that comes and sprinkles magic dust in her heart area, which corresponds to her inner feeling of receiving help; that something could “rebuild” her.

The assistant in his/her analysis clearly has misunderstood, believing that the student (Gitte) is the therapist, that is, the assistant has reversed the roles of who is who in the improvisation. Perhaps this is due to Gitte’s conspicuous and clear voice with many resources in her expression, while the therapist sounds withdrawn, giving space, maybe exactly to let Gitte mobilise the care and strength in her self. This small misunderstanding also allows for the opportunity to perceive the two roles as two sides of Gitte.

One side of her is holding back, having difficulty in holding on to herself, feeling freezingly alone, being in the deep and dark, not daring to “come out” – while she is not trusting that the connection with the Other would stand up to this. The other side (that Gitte is also in touch with and which she expresses in this improvisation) is related to the forces of nature, mother earth, and can both resist and support her, be a kind of midwife, pave the way, and care for her.

In spite of the misunderstanding, the assistant’s suggestions seem to tie in with what *was* a problem – yet it does not directly contain the essential aspect that Gitte is in a process of dealing with these problems and they are changing. Gitte herself is the therapist (!) – according to the assistant – which in itself suggests an underpinning that Gitte indeed is working on summoning up her own resources, helping herself, including caring for herself. The two-sidedness of the analysis of this example may at once be understood as a portrait of the two-sidedness contained in the student. She has a boundary issue, and has suffered abandonment as a child, and thereby she has a great need for protection and to be cared for, and at the same time she has great powers in relation to self-manifestation and in relation to providing love and care for herself.

5.7.3 Improvisation Narrative – Gitte

This narrative portrays two improvisations brought to the interview by music therapy student Gitte. The two improvisations are from two sessions in inter-therapy – they are very different but in the interview they are clearly connected. In the narrative they follow each other to emphasize the connection. As overall themes the student works with ‘anger’ and ‘demarcation’ (illustrated especially in the first example) and themes like ‘self-caring’ and ‘self-protection’ (illustrated especially in the second example, in which both therapist and student use their voice).

1) She is sitting with a drum, a cymbal and a gong around her. The therapist is by the piano. She promptly starts with repeated short and marked beats. It is a powerful and insistent expression. It is the inner dragon which is given space. Now it will be set free. Has been chained long enough. Too long time. There is anger accumulated. She is making a lot of noise – it is difficult to hear the piano. The tempo is fast. The sound picture is dense; it is very close and aggressive. Atonal. The dragon is scratching. A shrill sound. She lets her hair down. At full tilt – now is the moment. She wants to get out, get rid of the energy, the anger. She is fighting a battle. She wants to express herself. Be heard and be set free. It is like a bridge in a war-zone, madness. Tied feet, feet with blocks, in a desolate landscape. Obstructed aggression. The dragon, it was chained for so long. It takes strength to set it free, it goes uphill. The sound is dark and heavy. She belches fire. And she can do a lot more.

Suddenly a break. Air. There are no contrasts, no rhythm now. The tempo is slow. She weakens.

Giving up? Still the sound is dark and heavy. Long notes are heard from voice and piano.

Fainting. Are the wings broken? Hanging by a thread all alone? Dead? Quiet.

Voice, piano and cymbal – the sounds meet. There is still life. A joint expression is built up. Long calm notes. The sound relieves. Alleviation. Now the pulse is felt and a calm stable rhythm – the beginning of a melody. An unknown landscape. The piano is searching for her, supports her, gives her quiet comfort.

She would like to fly. Effortlessly. She is not sure about where she is. The piano offers her its presence. The tempo is very slow now. There is air between the soft sounds. No contrasts. The pulse is on and off. Quiet chimes. This rounding off is such a contrast to the start; the fight is over. Does the light appear? Quiet. Sounding. A sensitiveness. She wants to fly away. She feels the melancholy at the end. Some rhythm is heard, syncopated, repeated. She has the feeling of being the huge dragon folding out her stiff wings and taking the heavy heavy flight – it is a really big heavy body which has not been used for a long time. Feeling the sadness of having been chained. And she feels a deep tenderness, respect and love for the dragon. Yes she actually does. She doesn't feel frightened because of her power; she accepts this part of herself, which want to be more in the light.

But again she is landing – in a situation where she feels outraged, with her boundaries violated, absolutely miserable. Like a wounded child who didn't get any help. The dragon was not there – maybe it was still healing?

2) She needs caring and protection.

Voices. Only voices. Long notes. Dark heavy sounds. Mother Earth. The tempo is slow. Sparse sounds. Desolate. Tragic maybe? The wounded child just wants to sit there, freezing. A soft wall protects her. She doesn't want to get along. She holds on to herself. To the wounded part she says; I will support you, I will help you. I am your birthing coach. With the light in my voice. And the light reaches the little one, who goes along for a while.

The two of them move together. Through light and darkness. Melancholy in minor.

The tree is stretching, the wind is up there, and a melody is up there. But there is a distance between them. She is unsure down there. Does not dare.

The fairy arrives waving her wand around her heart. The fairy is the loveliest helper, so cute, so happy with round red cheeks, so keen. The magic dust is a great support. Love and caring is

mobilized in a miraculous way. She is clearing the way – showing the way. Feeling her love, her ability to care. Come on little fellow. Let me give you what you need. Look up. There's a world out there.

The sound is opening up. Bright and warm. Soft. Quietly in minor. Dreaming. An altered state of consciousness. Time dissolves.

The atmosphere is dense even though there is space between the long notes. Yes, the melody is still there, the tempo is slow. Stability in an open landscape. Unprotected. Protected. She wants to cover the little one. Feels a warmth near her heart and her breast, yes, and a caring feeling. She contains the vulnerability and she is fond of it – and she wishes now to take good care of that part as well.

5.8 Tessa (8.T)

5.8.1 Hermeneutic summary

Expansion in relation to time, space and expression:

- The meaning of relationship then and now
- Familiarity with the therapeutic space
- The importance of expression of feelings

One characteristic of Tessa's gained and lived experiences in relation to the self-experience are that she makes her developmental process clear through her many concrete examples. She is repeating that there is a then and a now. Emotions, memories and relationships have changed. The interview contains quite a few narratives, that is, sequences making a gestalt, a story that illustrates parts of the process. She included several dreams in her therapeutic process, and during the interview she describes a dream from early on in her process, which at the time partly pinpointed that something essential was unprocessed for her, and partly the dream pointed to her potential for growth and developing her personal expression through the self-experience therapy.

Tessa came to the music therapy programme with no previous therapy experience at all; she knew nothing about being in therapy, and she experienced it as unnatural to be in therapy; it was about her, and she was expected to share herself. Tessa was used to reflecting and working with her self, yet it was all new and unfamiliar for her to do this in the company of somebody else.

Nevertheless, the therapist's support (in individual therapy) meant a lot to her; it helped her

express herself in a different way, an even more authentic way compared to her expression sitting all by herself and working at home. Tessa states that her therapist “supported whatever was there”, and it was of much benefit to her that someone wanted to be with her in this way.

She describes how she started off by not being in touch with a lot of things that she liked; she had stopped writing in her journal, and all in all stopped creatively expressing herself when she started the music therapy training. She felt that perhaps she had a knot inside blocking her free expression. At the beginning it was also hard for her to express herself to the therapist. This may be understood both in light of her lack of therapy experience, but also Tessa’s life story may be significant in this regard. Her upbringing was influenced by her position as the youngest in a large family; and her sisters and brothers took up much room. She experienced that everything was kept back in all members of her family; you were not allowed to express feelings. Tessa’s work with herself therefore was characterised by the fact that she analysed herself, in a manner in which her connection to her feelings was missing.

Tessa uses metaphors to describe a part of the state in which she experienced herself to be before and after her self-experience sessions in her training. Formerly it felt like eating out of an empty bowl – you eat, yet there is hardly anything there. Now it is as if she brought herself a lunch packet which allows her to manage for a while, and which she needs to refill at some point. Having gone through the therapy sessions Tessa feels well-supplied. And she very much relates this to the experiences that she gained in relation to being in a (therapeutic) relationship, receiving from another, rather than being emotionally self-sufficient. You cannot think up feelings, and “it is really in meeting the other that you become who you are”, she says.

In the course of her self-experience therapy, among other things, Tessa worked on her relationship with her mother. She describes how, through the improvisation (the present music example), she made contact with herself as a 10 year-old standing and looking at her mother who was lying on the couch and looking sad. In the improvisation, she experienced that she expressed the unspeakable, that which had been kept silent. For the first time she experienced that she was able to express some of what she felt inside herself, and that her voice, body and emotion were joined in her movement.

This marked the beginning of long, lasting work on opening to her feelings of grief and anger with her mother, and curiously enough it happened that in an inter-therapy session at the end of her self-experience therapy she was processing the same images of her memory in relation to her mother, yet this time from a very different place in herself in which she was able to feel and express her feelings in a different way. In responding to the question “wasn’t it hard through therapy to go back to her childhood and the close relationships,” Tessa confirms it was painful to turn inward to feel herself as a little child. “Luckily”, she says, - she is happy having been in touch with the pain, because it clears the way for changes to occur. At the same time this process was balanced by the fact that her individual teaching therapist also focused on Tessa uncovering her resources through her self-experience.

Tessa used the music very much as an opportunity to develop contact with her feelings and accept different aspects of herself. Previously it was as if she could neither be little and weak nor take much room and make much noise. In the improvisations she could let go and make noise in a way she liked, as well as putting weak and vulnerable aspects of herself into sound. She played away on the drum-set and the gongs, and she imagined for instance how she grabbed her father and shook him. In another example, it is clear how her self-perception, her way of listening to herself in the music, developed. At an early stage in her therapy she characterised her own expression as pathetic when it concerned delicate and soft notes up in the high register of the piano. At the end of her therapy, for the first time she experienced the same form of expression – her small aspect – as something beautiful, something good and vulnerable that needed to be taken care of.

It was important to Tessa that in the improvisations it was possible for her to break with expectations, with conventions. And it was an epoch-making positive experience to her when she and her therapist were together in acting totally crazy in one session: they wheeled around playfully on the chairs that had wheels; a game of tag with space for humour, childishness and noise. If the therapist had sat on her chair in a neutral state of mind, this process would have never developed the way it did. It was of great importance that the therapist had the courage to make use of humour and break the “rules”, and thereby follow Tessa.

Contrary to this are some experiences in group process (a discipline facilitated by older students) that had a heavy, sad atmosphere. Tessa describes other negative experiences in relation to her

self-experience processes. She mentions that she found it hard to keep her boundaries in relation to getting very close to her fellow students in the therapeutic processes. She kept thinking of them around the clock. Later on in the course of the process, she improved her ability to separate herself from the other students and their processes. In addition there were unpleasant experiences in group therapy in which she lacked confidence in the therapist, and did not feel taken enough care of. In Tessa's experience, she was good at making use of the negative experiences to become clearer and therefore able to process her own problems, for example in relation to defining her limits. In relation to the music, Tessa thinks that it was put a bit into the background in her therapy, yet she does not know how this happened. Something was lost, the music was functionalised, was reduced to a tool, a technique. She thinks that this did not happen in self-experience across the different therapies, as she managed to find the genuine music in these sessions. Tessa experienced that the music can do so much, so her advice to students is to take up their room in the therapeutic space with the music they get. All in all, take the opportunity and receive.

5.8.2 Contextualisation

Assistant's suggestions:

Individuation. Existence. Ego loss. Grief for not being seen as the independent person who she is? At the same time wishing for merging (symbiosis)?

Prior to this improvisation, which is drawn from an individual learning therapy session, Tessa talked with her therapist about her experience of being "her" in her family when she was little, and the therapist suggested she bring in the music here and that Tessa should keep her mother and her own anger in relation to her mother in the back of her mind while improvising. In the course of the improvisation, Tessa sees a sequence of scenarios from her life with her mother, ending with a scenario in which Tessa is about 10 years old. While standing, she watches her mother who is lying on the couch feeling sad, and in this situation Tessa senses feelings of both frustration and love for her mother. Tessa reports that it is really as if she was in the room watching her mother from the perspective and physical height of a 10-year old.

Tessa's upbringing was marked by her experience that in her family expressing your feelings was not allowed. In light of this, the present improvisation may be understood as an expression of individuation; it is about Tessa developing contact with a part of her inner child and in doing so,

she deepens contact with her own emotions. Perhaps one could say that it is about an existential struggle; a struggle to survive emotionally.

For Tessa it has felt very heavy, that feelings were not freely expressed in her family. In this improvisation, Tessa experiences using her voice in a new and free manner, and she is enabled to express the unpredictable, that which has been suppressed. Here, for the first time, she experiences expressing some of what she feels internally, and her voice, body and emotion move together. There are no tensions, inhibitions, or obstacles holding back her expression.

Tessa was always very good at reflecting and analysing herself, yet prior to this session this happened with no contact with her body and her emotions. This improvisation is a kind of breakthrough as Tessa lets go of control and achieves an expression that is more free and more closely related to her feelings. At this level, it may be a question of a loss of ego as she lets go of the well-known, ego-strong and mental aspect of herself, which until now managed to control difficult emotions.

The grief expressed in this improvisation may relate to the memory of how it was when Tessa was a child watching her mother; her mother did not see her well enough and did not share her feelings, and possibly her mother's moods were dominating the atmosphere. Against this background, Tessa was used to being emotionally self-sufficient and the need for meeting *the other* is something that Tessa senses very clearly in her learning-therapy process, where gradually she really felt met by her therapist and benefitted much from their close being together in the music.

5.8.3 Improvisation Narrative - Tessa

This narrative portrays an improvisation brought to the interview by music therapy student Tessa. The improvisation she has chosen is from her individual therapy. Prior to the improvisation Tessa spoke with the therapist about a potential anger that she feels in relation to her mother – an issue brought up in a previous session. Tessa is not able to feel the anger now. The therapist suggests that she may keep it in the back of her mind while they improvise together. Tessa and the therapist are both using their voice in this improvisation.

In the beginning the voice is gentle. Three slow, descending notes. Her humming is mild and calm. Repeating melodic patterns in a minor mode. Long delicate notes. The therapist's voice is in the background, in the lower range, supporting her, giving a sense of grounding. The fundamental.

An underlying steady pulse. She is walking in the plain now, progressing slowly and thoughtful. Just letting it flow. There is very little movement, not grandiose or powerful. This is her way of going back, sensing another place and time. She is quite young now. All sorts of imagery emerges. She is longing for what was present and what was missing. Her mother appears. Her mother who spent a lot of time in her bed. She wants to be with her. She feels the sadness. Her grief and longing.

The descending melodic pattern is extended with an extra half note down. The therapist supports her, still very gently, now with ascending half notes, accompanying and imitating her notes and her sound.

Her voice is opening now, unfolding. Sounding what is present – here and now, in confidence. Their voices meet in an equal pressure. She finds her personal space. The notes grow somewhat shorter. Contrasts emerge. Closer, a little faster, a shared crescendo, allowing disharmony. This is extremely important; the therapist is there with her, supporting whatever happens. The detail and the whole. They join in a diminuendo.

A new wave. She moves with few notes. The small, repeating melodic patterns reappear. The mood is more free this time, still supported by the long, sustained notes of the therapist including a few ascending half note steps, like a back-up. She feels confident right now. She opens up, tasting the vocal sounds. Still resting in the minor mode, she wants to leave her cocoon.

She's in the living room now – only ten years old. So small. Looking at her mother lying on the sofa. Watching her with new eyes. It is painful, however, it feels good to allow these feelings. Give a space and a sound to the little girl within her. The feelings; the frustration; the love. And the dark sounds. The therapist is still supportive; they rock slowly together. The therapist amplifies the expression. She is on the verge of tears. This is very intense. She wrings the vowels, squeezes, bites. Opening in waves, increasing the volume. She feels her anger now. Expressing your feelings was not allowed. That was a heavy load. But now, finally she is expressing herself – feels it from within and lets it out. The sound of her voice emerging from her mouth, from her body – she expresses what she could not express freely then. She sings the inexpressible, fills the space with this paradox of pain and release.

She is wounded, yes. There is a sense of healing when the voices meet in a final outburst. A peak of disharmony.

A gentle ending. Sadness. The song sinks into her beating heart. She has found strength from within. She is present – here and now, standing in a soft light – with her feelings.

5.9 Pia (9.P)

5.9.1 Hermeneutic summary

- Thoughts and feelings grow together into a coherent whole
- Demarcation becomes possible and things are separated
- Trust in the other and in the process are strengthened

Prominent for this student, whom I have chosen to call Pia, is that in relation to her self-experience during her music therapy training she felt and experienced a split between her thoughts and her feelings. In this way she managed to find herself in a rational space in which she was thinking, verbalising, “straightening out the world’s mess”, and finding herself in a musical space in which she expressed herself more freely, let go of control and felt her emotions. Later in the course of the self-experience, when it was time for inter-therapy, she felt that her thinking and feelings were less separate compared to the start of her training. For instance, she may embark on the verbal dialoguing in a new way, feeling more alive. Pia describes how it was very important for her to get into the music and feel her emotions, because her feelings were more nurturing to her than was her thinking. It was a new experience for her to concentrate and focus as she got into a process in which she consciously used the music.

Pia emphasises the connection between the music and the therapist; having a person follow and support her in the music was very important, and as it was also in the music particularly that she found confidence in the therapist being there for her and her process. Pia noticed that being with her therapist in the music was a great inspiration to her; it was as if she herself found “more strings to play”, and that she was able to express more varied feelings. Pia reports that having confidence in a process with a therapist was something that she had to learn. She states that this was her first encounter with therapy, and in the beginning she was very much observing in relation to herself and to her therapist; she knew little about what it meant to be a therapist. In individual therapy it was epoch-making to her when her therapist was authentically present and showed that she was moved by a song that Pia had written and performed for her. Pia gained a positive experience of being able to move another person, and this helped her to have confidence

in herself. She experienced her therapist as a good mother who saw her and was touched, and it was of no importance whether Pia played perfectly.

Gaining confidence was an important issue throughout the sessions, and is also an issue in Pia's life. She does not mention the background for this, and it is also not clear, because on the other hand she experienced herself as open-minded and trusting – probably in the later part of the self-experience sessions in particular, and she reports that all the way through she was very conscious of her great wish to learn and to grow. However, it took her a couple of years to let go of her “know all attitude”, and therefore she did not in actual fact follow her wish until later in the sessions. Pia's advice to future students then is that they need a long-term perspective on their training/self-experience sessions; you should not let yourself get absorbed with little problems, but get into trusting that something will happen in your process, and that you will go through with it and come out on the other side.

Several times Pia mentions her fellow students with very positive phrases. “It helped me get through the five years of training that my class is such a great group,” she says. Pia thinks that the group therapy plays an extremely important role in relation to the community of the group. You learn to understand the others through the process, you learn to look at yourself rather than projecting, and you do this together with each other, which make you feel less alone.

Pia refers to a very important session in group leading in which a fellow student was the therapist, and during which such sensitive listening was apparent that Pia was able to share some very deep and valuable personal experiences relating to spirituality. It was very inspiring to her that it was possible to create this safe, free space in the group.

Pia reports that in relation to observing each other's therapy, it can be difficult to distinguish between the process of oneself and the process of the other as you are so close. Pia also thinks that in certain situations it was difficult to keep one's boundaries and maintain one's integrity. She had an experience feeling that her boundaries were exceeded in her individual therapy. And she reflects that keeping your boundaries does not necessarily mean that you are a closed person. Later in the course of the inter-therapy, Pia also experienced a sensitive line between feeling met and matched, and feeling that the therapist jumped on her, as the therapist almost took charge in

the music. Pia feels that this gradually changed, and she thinks this has to do with her coming closer to her core, because being close to yourself you need not worry so much whether you are open or closed, as you are not hurt in the same way. At the end of the sessions, she experienced her boundaries more naturally present, so that they were not controlled by her ego. At the beginning Pia had not yet learned that she could find a fixed place in herself in which she was not affected by outer circumstances. It was unaccustomed to her to stay in such an emotionally opening process in a learning context, and therefore she felt vulnerable when starting the training. She also pointed to the fact that it was necessary to learn to distinguish therapy from other education. The teacher does not have the same role as the teaching therapist and relates differently to the vulnerabilities you may have.

Pia refers to the fact that quite a great proportion of the learning happens unconsciously by your living the incidents. She is sure that she learned a lot from her therapist in individual therapy, yet this is hard to pinpoint specifically, and therefore in Pia's perception this is not conscious to her. Pia speaks quite a bit about what she learned from taking on the role of a therapist during her training. Overall she compares her role as a student to the client role; also when students practice being a therapist to each other, in group-leading and in inter-therapy they are apprenticed. A teaching therapist is present and gives direct supervision. Pia states that it is an important aspect of your self-experience that you are able to grow and change, and that you reach a point in your development where you feel able to help others. Pia feels she may help others through the music, and she senses that this is a deeply felt goal for her as a future therapist; creating a space for others, a free space in which her clients will feel they can be themselves.

In addition to seeing the exercise of practising to become a therapist as part of the self-experience, she thinks that entering the music therapy environment creates a form of self-experience: being part of the music therapy programme and being surrounded by music therapists and future music therapists is very meaningful. She describes how one swirls through the training, like a cyclone, finding yourself at the centre of it all, and experiencing it all as one long process.

5.9.2 Contextualisation

Assistant's suggestions:

The struggle between good and evil? Invasion? Maintaining the faith of her childhood.

The present music example is an excerpt from the student's individual learning therapy. An essential psychological theme in Pia's process was the separation between her intellect/her thinking and her feelings she experienced in herself. The separation was gradually reduced over the years of music therapy training, and in this music example she is working on exactly this separation. In general, Pia has experienced that she may draw nourishment from the music, and her negative thinking simply stops as she moves to a different space in herself. Through the music, she manages to let go of her self-critical way of thinking, and she makes contact with more positive aspects of herself. The "given" for this improvisation was a search "to be oneself" and the wish "to go beyond" the intellect. This music example illustrates the struggle: in the first part of the improvisation, she is in the middle of her mental whirlpool; she expresses her frustration and is stuck there – she is followed closely by her therapist, and reaches a moment of exhaustion; she is really worn down and this is where she "gives up"; she allows for a freer flow of emotions and moods related to being (present). This possibly corresponds to "the struggle between good and evil". Pia reports that the inner struggle which takes place here is a well-known pattern to her. Exactly this mental, self-critical side of her, Pia may experience as invasive; it takes over and dominates her more emotional, open and self-accepting form of being. She has experienced wearing herself down right to the edge until something or somebody makes her let go and helps her stop suppressing herself.

It meant a lot to Pia that the music therapist musically followed her and encouraged her expression in this improvisation. Being able to trust has been an essential issue for Pia in her self-experience during the training. At this time of her learning process, it was primarily in the music that Pia gained a deeper trust in the relationship. In the second part of this music example, Pia makes contact with herself as a small child. It is a very open and calm state of good; the happy inner child who is at peace and who knows that all is well. Through the music and the basic trust that is established with *the other* in the music, for the moment Pia can stay in contact with something good from her childhood, a harmonious and emotional side of the inner child, and thereby she can "maintain her childhood faith" so to speak. Pia saved this music example and wrote on the cassette: "good to listen to when I become heavy". Pia described how the improvisation filled her with peace and lightness, and that it still works for her; listening to the music she feels her mood become lighter, and feels light of heart.

The music example illustrates a kind of journey well-known to Pia, and in her experience she learned to trust the journey, the process, as time after time – for instance in this example – she managed to penetrate “the mental noise” in order to reach her deeper feelings and states of being in herself.

Pia expressed that she still uses music as a means for her to breathe freely in her daily life, and in conclusion she states that during her years of training indeed she managed to create something with music that is still nourishing to her.

5.9.3 Improvisation Narrative - Pia

This narrative portrays an improvisation brought to the interview by music therapy student Pia. The improvisation that she chose is from her individual therapy. After a dialogue with the therapist about how to be who she is, the playing rule is that Pia should express herself in the music, going beyond the intellectual mind while staying in contact with the feeling of “self”. Pia plays the xylophone. The therapist uses the strings of the grand piano and plays the piano.

The high notes from the xylophone sound cautiously in the room. Here she is. At the same time she shortens the deeper notes in her left hand, moving only half a note at a time. Again and again she cuts off the sound from the bass, though still allowing the bright notes to be sonorous.

She is in a slow pulse; a quiet cradle song might be on its way –

But something is gnawing inside her, creating resistance; she wants to stop, is not ready to open up, and does not feel safe. The two hands do not really fit together; maybe conflicting forces?

The piano strings are sounded from the therapist. The muffled sounds from the scattered notes mirror her sounds on the xylophone, like knocking on her door with the strings. The tempo increases, and a dialogue begins. Energy emerges. The beats get more powerful. Xylophone and piano run together.

She stops. Gets a little worried for a short moment. Then she is insisting again. Reaching out – drawing back, and gets quiet again. Then asking again... There is an answer from piano strings and keys. Now it is getting even faster. They get excited, they take turns – having a teasing dialogue; come on, show yourself, no: just run. Springy jumping syncopation. Will that make her afraid? Which way is this going? Will they find their way together? It is a serious game indeed. However the discord of rhythm, pulse and notes contributes to her feeling of close company. This dark and strange, straightforward dialogue, where they jump together from stone to stone, is perfect for her; it helps her to reach the point.

(She knows very well this feeling of reaching the point, approaching a narrow edge, filled up with fatigue and frustration caused by lumps of mental energy, stuck in her head – like a powerful judge who has been given too much space much too long, always pushing and pointing at her inadequacy – exhausted by negative trains of thoughts... reaching the edge. Hesitating for a while, she finally let go – and she does not fall! No, she gets hold of an inner thread, and this is where everything opens up).

It is right here, balancing on the edge, that both of them stop the music simultaneously; they make a pause for a breathless moment... - fantastic. This is a meeting, this is a gift, she can feel it and she let go completely. In serenity she returns to the melody, the bright and light sounds in major. Right and left hand comply with each other, she expands and she is supported; the piano plays chords grounding the melody of the xylophone.

In a feeling of community the cradle song unfolds in a calm rhythmic pulse. Repetition.

Recognition. Simplicity. There are no contrasts; she is resting in a deep soft and peaceful feeling. There is time enough, time for digestion. Her heart is light.

She is a happy child and the sun shines into the room. What a happy memory. Now she can sleep and be safe knowing for certain that everything is good.

5.10 Overall comments to the improvisation narratives

These eight pieces of texts were the results of a circling work with many levels of information.

The music was transformed into text, and words were like pieces of a puzzle. There was no end to the experiential processes of a student – yet it was possible to concentrate the information, to freeze it in a narrative. Complexity and chaos was given a form (Willert, 2008, personal conversation). The use of narrative form means that the “style of the texts themselves constitutes a method” (Kenny, 2005a, p. 420).

The narrative form is an artistic form which allows for multiple perspectives simultaneously - also defined as a ‘pastiche’ where various data, descriptions and analysis are interweaved or linked to each other (Ely et al., 1997⁹⁰; in Austin and Forinash, 2005). As mentioned previously the narrative form can be closely linked to arts-based research. As stated by Austin and Forinash “arts-based research emphasizes an artistic response to the raw data” (ibid., p. 459).

⁹⁰ Ely, M. et al. (1997) *On writing qualitative research: Living by words*. Bristol, PA: The Falmer Press

The narratives are very different – each text is autonomous. Each of them expresses a specific movement, a special pattern of processes. However, there is something about the dynamic form which is a common characteristic; opposite or conflicting feelings, opposite movements and paradoxes appear. Some of them are: Expansion of the self <> contraction of the self. Expanding awareness <> focusing. Exploring <> coming home. Fighting <> surrendering. Tension <> release. Hesitation <> power and punch. Light <> darkness. The improvisation narratives are characterized by the many metaphors, which bridge the conscious and unconscious levels of information. Still the narratives are like individual sculptures or collages illustrating that learning through self-experience is a highly personal process, it is a personal “formation”.

Two Danish psychologists Jette Fog and Lars Hem published a book about psychotherapy in 2009. In this book their main point is that the concrete takes precedence over the general; the concrete client, the concrete therapeutic relation and the concrete therapeutic moment is what we need to meet, understand and respond to. The authors also relate this belief to the question of how to train a psychotherapist:

The development of therapeutic competencies is aiming at the student cultivating her uniqueness and characteristic, because it is through the personal characteristic that the professional empathy can manifest itself; and it is through being visible and available as the specific person that she is, that her clients can build up trust in her... it is not possible to train the students according to a common specified standard they can be compared with. If the students become competent, they also become more different than they were from the beginning. (Fog & Hem, 2009, p. 276, author's translation).

According to Fog & Hem the personal formation of the student therapist is needed since contact-making and therapeutic relation-building with clients requires from the therapist that she is showing herself. The therapist must be able to sense herself, feel her feelings and put herself into play in the therapeutic potential space.

As mentioned in chapter 4 about methodology Brinkmann and Kvale (2005) state that becoming an ethically capable qualitative researcher involves cultivating one's *phronetic* skills; the qualitative researcher must learn from cases and learn to do “thick ethical descriptions”. They suggest that the researcher *contextualise* – thicken the descriptions by describing them in their context – and *narrativise*, incorporating a temporal dimension in the “thick” ethical description

and interpretation (Brinkmann & Kvale, 2005, p. 177). I suggest that the pieces of texts presented in the current chapter are created with phronetic skills, corresponding what Brinkmann and Kvale define as “thick ethical descriptions”. Whether the texts are “ethical” also depends on how they are received by the research participants, and in the following section a member check will be presented.

5. 11 Member check

After having produced the three pieces of texts as results in the hermeneutic inquiry they were sent to the nine student participants to get their response and to give them a possibility to give their feedback (see sheet in Appendix II p. 383). The participants were asked to evaluate to what degree they recognized themselves and their personal story in each of the text, by ticking a number on a scale going from one to seven; one corresponded to the answer that they were not able to recognize themselves and their personal story at all, and seven corresponded to the answer that they were able to recognize themselves to a great extend. The table below shows the students' scores in relation to; hermeneutic summary (HS), contextualisation (C), and improvisation narrative (IN).

Table 17: Students' evaluation of texts on a seven point scale included mean calculation and standard deviation.

	HS	C	IN
A	7	7	7
R	7	7	7
E	6	6	4
N	7	-	-
H	6	7	7
O	6	6	6
G	7	5,5	7
T	7	7	6
P	5	7	6
Mean	6,44	6,56	6,25
SD	0,73	0,62	1,03

Some of the participants also gave written comments and feedback. I did not change anything in my texts due to their comments. I decided to let their feedback be included in the dissertation in relation to the presentation of results. In the following the voice of the participants is heard.

Anja commented her scorings (3 x 7). In relation to the hermeneutic summary she stated that she felt that it was an extremely clear and correct reproduction and resumé of her own story. Further she commented that she felt a bit confused about what she might have meant by expressing that her 'music was more important than the therapeutic identity' as if it were two separate things, which she does not consider it to be in the context of a therapeutic improvisation. She ended by saying that it was up to me as researcher to handle this incongruency and as mentioned my choice was to not change the hermeneutic summary, but to let her comment be included here. In relation to the contextualisation Anja wrote that the description was so fine and that it felt as if her personal material, which was quite vulnerable, had been treated with large respect, insight and understanding. The improvisation narrative was a great experience to read to Anja – it was like listening to the music through the words, like reading music, she said.

The scoring of 4 in relation to the improvisation narrative (Erik) was not elaborated in an attached comment, but the scoring 5 by Pia (which was the second lowest score), in relation to the hermeneutic summary was commented. Pia felt that there was too much weight on the split between thinking and feeling and further that she was surprised to read about the expressed vulnerability even though she thought it was true. In relation to the improvisation narrative the wording was a little different from what she would have chosen herself – but anyway very expressive of the process Pia stated.

Gitte scored 5,5 in relation to the contextualisation and gave the comment that it was hard for her to truly recognize herself in the interpretation/contextualisation of her second improvisation. In the music analysis the student was actually confused with the therapist at a certain point (both used their voice), which might have caused a somewhat far-fetched interpretation (see p. 178). Reading the improvisation narrative Gitte got tears in her eyes – she really felt that she was perceived right and that the poetic language much more than the other more analytical texts contained her feelings in the situation.

Heidi commented that the reason she did not write seven in the evaluation of the hermeneutic summary was that she felt that her background occupation with music was quite reduced in the text and she felt that music had meant a lot to her in her life also before her studies began.

Additionally Heidi wrote in her comment that tears came to her eyes when reading the texts – she

felt the experiences again through recognizable and spontaneous bodily reactions and an extended self-insight emerged by reading about herself in third person.

With these responses from the participants the vertical analysis of the music therapy students' experiences in self-experiential training is now completed. In the next chapter a theoretical analysis across the qualitative data will be provided.

Chapter 6. Theoretical analysis of the qualitative results

In the last chapter the results from the vertical qualitative analysis were presented with three pieces of texts for each of the students. In the present chapter a horizontal analysis of a second-order will be presented. In the following the transition from viewing and working with the material vertically to a treatment across the material will be described.

In the end of chapter five I gave a short comment on how the eight improvisation narratives expressed some common characteristics. The reference point of the following horizontal analysis in the light of theory will only be the analysis of text material; the interview data and the coding and categorizing of this material.

6.1 Transition

Very concretely I went back to look at about 800 codes and the 101 families of codes, i.e. groups of codes which had something in common (corresponding to a 'category'). I wrote the names of the 101 code-families on pieces of paper and laid them out on a table. Like with a puzzle. I started to organize the code-families in groups - moved around with the pieces. I had to go forth and back to the original codes that each category contained, to read through them in order to determine what kind of theme that could possibly represent the code-family/category. Several code-families contained codes with topics related to the *background* of the student participants, but in the end I chose not to take 'background' as a main theme because I considered other themes to be more overall and it turned out that all background codes and categories could be contained in other themes like for example 'relationships' which became one of the five chosen main themes.

Another group of code-families were characterized by *metaphors* and I thought of letting 'metaphors' be a theme, but later I realized that the content was going in so many different directions that I decided to let go of that theme and distribute the metaphoric code-families/categories in different themes.

Many codes and code-families were difficult to place in one single theme, it happened many times that they belonged to more than one overall theme. I realized that code-families were mutually connected to each other and I started to see that the five overall themes, I had chosen, together formed a whole.

6.2 The five overall themes

In the thematic analysis across the code-material from nine interviews with students I finally defined the following five themes:

- The learning dimensions of the self-experiential training
- The relationships that has an impact on training or develop through training
- The music that is interwoven in the process
- The development of the student's self
- The levels of consciousness related to experiential training

The compiled text material represent by code-families were distributed in these five overall themes. It was accepted that some of the families were placed in more than one theme; therefore the table below shows more than 101 code-families.

Table 18: Code-families distributed on five overall themes

Learning	36 families
Selfdevelopment	27 families
Relationships	20 families
Consciousness	21 families
Music	21 families

These five themes are connected and interrelated in complex ways; the music in the self-experiential training represents a specific learning dimension; the student learns through the experiences that he or she has with the music, and often relational themes develop in the music. Different levels of consciousness are activated and cooperate through processes in the music and in the transition from music to verbal reflection etc. Due to this complexity, I have developed a “star model”, for which each main theme stands out by forming a corner of the star and at the same time all five themes are connected. I will come back to a further theoretical analysis using the star, but first, in the following I compare the five themes with a repertory grid analysis I completed earlier, which is also a thematic analysis across the interview material from the nine students.

6.3 Repertory Grid Technique (RepGrid)

The RepGrid technique is an analysis instrument usually used to elicit the inner experiences and perceptions of research participants. I incorporate it as a form of inquiry revealing my own assumptions of the inherent themes in the qualitative research material. The repertory grid technique is rooted within the philosophical and theoretical principles of personal construct psychology (George Kelly), but has been developed into a user-interactive, computer program. As Abrams and Meadows state (2005, p. 473), the RepGrid inquiry can find and distinguish between contrasting sets of experiences that may not otherwise be found and considered.

My original purpose of doing the RepGrid analysis was actually to identify variables for a questionnaire that I was about to develop at that time. I was searching for the right “key to open the door” to the questionnaire, so to speak, and I thought that revealing my assumptions of central themes in the material would give me a point of departure concerning the questionnaire. However, the RepGrid did not become a tool for me in the development of the questionnaire. Instead, I decided the most appropriate way to develop the questionnaire was from the curriculum (see p. 245). Nonetheless, here I will be using the results of the RepGrid analysis in a triangulation of methods in my search for main themes and pivotal points across the material of the nine students. As presented in chapter five, I wrote a hermeneutic summary for each student, after having analysed interviews and vignettes from the nine music therapy students vertically. I assigned three headlines to each hermeneutic summary as a further condensation of the content – resulting in 27 headings total. From these I chose 15 representative headings; the subjects of the 12 not included are covered by the 15 chosen ones. The procedure of the RepGrid analysis⁹¹ was then to fill in these 15 headings as elements in the RepGrid program (“WebGrid” a free online version of RepGrid), and thereafter to sort out the relations between the elements on the basis of questions that the program came up with.

6.3.1 Outcome of the RepGrid analysis

The results of this analysis were six constructs viewed as pairs of dynamic themes:

⁹¹ My supervisor was my consultant in relation to undertaking the RepGrid inquiry.

Table 19: RepGrid analysis; six constructs as result

1. Being a client in the music ↔ becoming a music therapist
2. Nourishment in the music ↔ transformation in the music
3. Self-acceptance ↔ self-discovery
4. Insight ↔ intuition
5. Maintaining integrity ↔ finding courage to explore
6. Moments ↔ processes

In the following, I will briefly comment on each construct, both as an interpretation of the RepGrid analysis and as a comparison with the themes developed in the other thematic analysis (from which I shall develop “the star model”, I will come back to that in the following section).

Being a client in the music – becoming a music therapist relates to a learning perspective at the macro level; the student develops a professional identity and moves towards the goal of becoming a music therapist. Taking a look at the PrinGrid diagram (Appendix V p. 413), in which constructs are represented as lines and the relative interrelationships among all constructs are displayed, this first construct is clearly placed far from the other construct lines, confirming it to be an overall and specific construct in the students’ self-experience. At the bottom is the moments – processes continuum, which also relates to a learning dimension – but on a micro level – as displayed in the PrinGrid, where this construct is closely aligned with nourishment in the music – transformation in the music. The moments – processes continuum refers to the unique here-and-now experience in the moment as well as the learning processes over time. Nourishment in the music – transformation in the music relates to receiving and integrating what the music can bring and using the possibilities of self-care and self-expression through music. Considering the “star model” with the five main themes, transformation in the music is related to the theme of consciousness.

Self-acceptance – self-discovery is a polarity connected to human relationships, since the demarcations, expansion and development of the self is a part of being together with another person. Compared with the star model, it is a construct within the themes of both relationships and self-development. As displayed in the PrinGrid diagram, insight – intuition and maintaining integrity – finding courage to explore are construct lines quite close to each other and to the construct line of self-acceptance – self-discovery. I consider all three lines to be closely associated with the concept of self-development, but also with the concept of consciousness; the ability to switch between knowing and having an intuitive feeling of meaning or purpose.

The last polarity, maintaining integrity – finding courage to explore, requires a relational understanding as well; to find the balance between taking care of oneself and taking the necessary risks in a developmental cycle.

Looking at the PrinGrid as a whole it is clear that a cluster of themes appears on both sides of the vertical line in the middle. On the left side there is; nourishment in music, insight, keep integrity and self-accept. This group of themes could be named “confirmation of self”. On the right side there is the themes of; self-discovery, courage to explore, intuition and transformation in music. These four themes could be named “transformation of self”. Thus the PrinGrid has illustrated how the processes of self-experience for music therapy students take place in a dynamic interaction between confirmation and transformation of the self.

6.4 Second order analysis: creation of “star-model”

The results from the RepGrid analysis can be seen as a source of information and inspiration, illustrating central themes of the material.

I will now present the star model that developed from the horizontal thematic analysis and I will elaborate on the interrelatedness of the five themes.

My starting point will be to look at the learning dimension, an overall subject in this study.

Learning is connected to the other four themes, and the other four themes are connected with each other as well. The star model gives a total of ten connected pairs. From the data material (i.e., the interviews), I identified several quotations for each of the ten pairs, equally selected from the nine students. I will comment briefly on each thematic pair in relation to the chosen quotations, which will bring me one step closer to a theoretical level of interpretation.

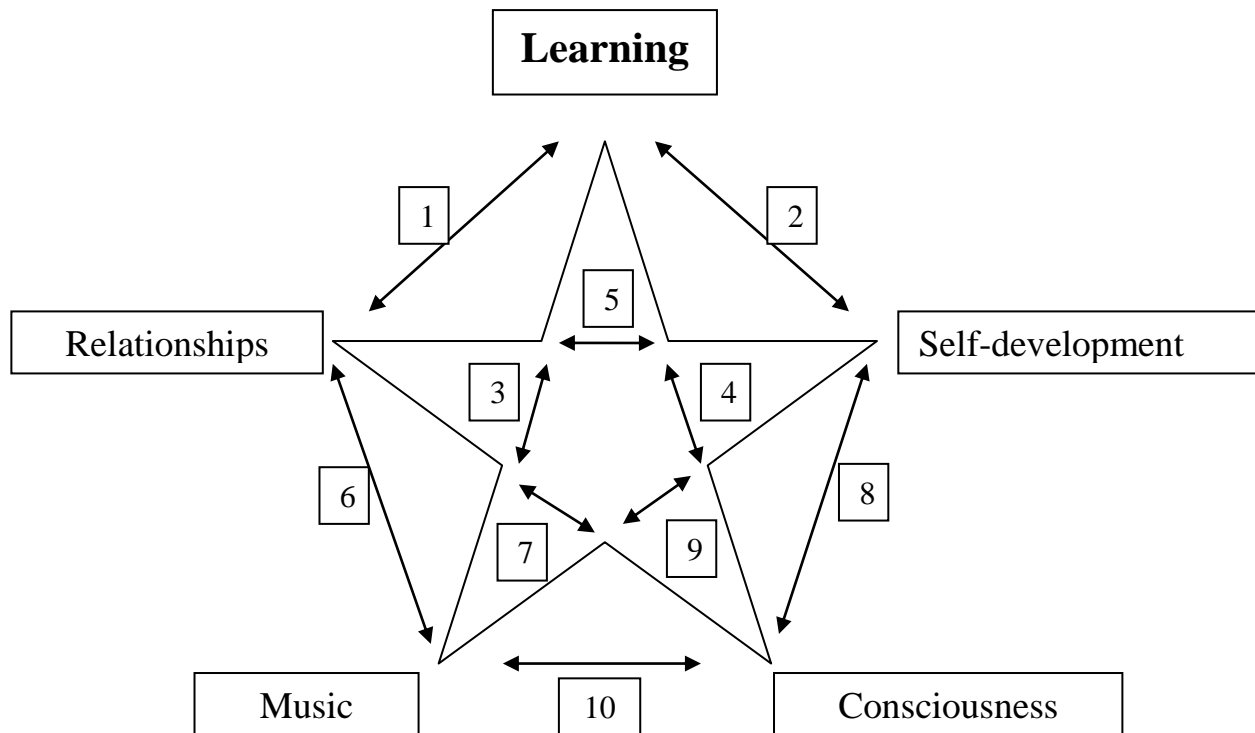


Figure 1: Star model: Interrelating themes in self-experience⁹²

Learning – relationships (1):

Learning through self-experience is relational and socially situated. Each student builds relations with therapists, teachers and co-students, and the relational dynamics are intensified in the therapy processes. The whole programme and the therapeutic track constitute a specific culture, and when stepping into that culture and getting entangled in it, the student will learn:

All of it is self-experience, to some extent; I mean being together with other music therapists, teachers and future music therapists, and being like entangled in it while I am studying... (Pia)

What the student can learn from being in the client position is very basic knowledge about how it feels to be a client and how important trust is when working therapeutically. The dynamics of

⁹² The five pointed star, the Pentagram, is a symbol that has been important to most cultures throughout history. According to the ancient Greek philosopher and mathematician Pythagoras, the five points of the star represents the five elements: water, air, earth, fire and spirit (top). To me, it is also representing a human being, with arms and legs outstretched, representing both a vertical dimension (body, mind and spirit) and a horizontal (relational) dimension of being.

being a client and becoming a music therapist seem to be closely connected to relational potential; the student needs to see what a music therapist can be, in order to be able to make that large developmental move towards a professional identity. The student has a chance to realise that building a relationship takes time and might not be easy for the client:

Sitting together with a therapist and having the ability to trust a therapist and build up the alliance... this is also something you get to learn, and you should remember that when you become a music therapist... (Nina)

It is obvious that it is also a very vulnerable situation to be in the client position. The student may experience contrasting emotions, and for the student-client who has negative relational experiences from early in his or her life-story, healing experiences will be possible through completely new relational processes, as well as the risk of experiencing a repetition of negative feelings and processes. One student described how hard it was to go through a therapeutic process with the feeling of not being seen or understood by the therapist:

... And then the disappointment when I finally had to face that I was in a place in which I could not get what I needed. (Rikke) ⁹³

Learning – self-development (2):

Learning related to self-experience is significant; it involves the whole person. The student may come from a background that is in many ways very different from the learning context of music therapy, and for many it is a great challenge to begin the training entering the self-experiential track. A student may experience deep changes happening, and personal limitations may become clearer as well. The student surrenders to the study process, and also becomes vulnerable, since all the experiences, both good and bad, will have a great impact on him/her.

It is essential that the student gets to know and integrates the different qualities of his or her personality in the process of self-discovery and self-acceptance:

⁹³ The Improvisation Narrative for Rikke (p. 151) illustrates a part of her continuous process of building up trust.

There is the small and then also the big and ugly part of me – and it was like none of these qualities were accepted, inside me. Because I didn't want to be little and weak – no I shouldn't be like that, and I shouldn't take up room or be too big and noisy. But actually as a human being you are both. Gradually I have understood that and it is now integrated in me. (Tessa)

The student may be at risk of feeling pressure in what he/she thinks is the expected personality development and change, but the student may also learn and accept that there are certain boundaries in relation to change, and that growth also includes becoming who you truly are:

I guess that it has been somewhat hard to realise that I could change some things, but I could not become a whole new person – and to come to acceptance of that. (Eric)

Having self experience as an integrated part of the training can be a very challenging and demanding task for the student, since it is happening in parallel with theory courses and musical training. A benefit to this is that the student learns to switch between roles, and to go from one situation to another and be present both places but in different ways, which is highly relevant in the role of a therapist:

It is a great challenge changing your role...to learn how to do this, because as a clinician you also step out of the therapy room and when you go for lunch for example, you also need to change your role. (Heidi) ⁹⁴

Learning – music (3):

The relation between music and learning in the process of self-experience is often connected to the process of unlearning. The student sometimes needs to refresh and revitalise his or her conception of music. The use of music and the understanding of music are wide-ranging inside music therapy, and the student learns to be very open towards all sorts of musical expressions:

⁹⁴ The Improvisation Narrative for Olivia (p. 172) illustrates how the student gets the chance to really explore different parts of her personality, and the Improvisation Narrative for Gitte (p. 180) clearly shows how the student contacts “inner helpers” representing different parts of her personality.

I learned that even though we have notes and a-minor and stuff, it is possible to do many other things without even thinking of all that...you can just let it flow, loosen the structure...It took some time or it took a little reorganisation in my mind, to just let go. (Heidi)

The student not only learns methods and techniques, but through experiences in the music and with music, he or she develops a relationship with music and learns the fundamental importance improvisations may have and how music can be a transformational vehicle in the therapeutic process:

The therapist made me aware of how interesting it was in this specific session that the music was the agent, it was the music that worked for me, and it was very interesting to discover this in the context of music therapy education. (Erik)

Something very important to learn, but truly impossible to learn intellectually, is the ability to just be, to stay with the music⁹⁵ and stay with whatever is there in your mind or your feelings or your body, just being and sensing the nourishment in the music:

What I experienced in the music was caring and love from the music; I felt that I was contained in the music and I felt that the music carried me and gave me permission to just be there. (Gitte)

Much of the self-development happens through music-making, body-movement and image-producing processes. It is important that students feel comfortable about such self-explorations, since a part of their future job will be to be able to work exploratory and to motivate others to do that.

I do realise and experience a lot through my body; I could feel there is something going on here, but I didn't understand it with words. Of course we spoke, but I worked through it by

⁹⁵ The Improvisation Narrative for Anja (p. 146) illustrates how the student has a surprising and transformational learning experience about music; with just one note on the double-bass, the therapist facilitated an important therapeutic process.

singing and moving, playing and dancing, very expressively in my first therapy course.
(Rikke)

Learning – consciousness (4):

The dynamic between insight and intuition is a very important learning dimension – the student needs to build up trust in what she or he feels in the moment, and at the same time it is important to learn to reflect upon the processes and whether what you did was right. This type of learning is connected with intuition in the here-and-now moment:

What I learned was that over time it will be clear to me that what I feel in the here-and-now, is right – even though I might not see it right there, why I did what I did... (Olivia)

It is also necessary to develop the ability to step out of or distance oneself from the situation and reflect upon it. The relationship between different levels of reflection becomes important.

Learning through self-experience partly happens on levels of consciousness other than the usual daily state⁹⁶, and a flexible and open mind seems to be of great importance:

... my body was integrated, and I somehow managed to listen to the music simultaneously – and afterwards I was able to listen to what had happened and it has been so very good to have the sessions taped and to listen to them afterwards. So actually it has been a three-layered learning process... (Nina)

Relationship – self-development (5):

For some of the students, it was essential to work therapeutically with their backgrounds and the important relations from early childhood. It can be highly urgent to work through and become aware of, e.g., early loss or abandonment and maybe to free one-self from deep relational patterns and to build up new more appropriate patterns (schemas). Relationships with the therapist as well as with co-students are needed to be able to do that. The support from the therapist creates a safe and potential space in the sessions in which the student experiences trust in his or her own developmental possibilities and experiences trust in the relational music therapeutic process:

⁹⁶ The Improvisation Narrative for Gitte (p. 180) illustrates how the self-experience training is a focussing process, in which the student learns to work with personal issues partly on a level of consciousness other than the usual state.

... and then there were some of those things that I took up from my past, from my childhood, which were painful, and it was hard, but... it was hard in a beneficial way, I would say. (Erik)⁹⁷

Self-experience through being in the client position can be oriented towards problematic relational events or situations, as well as oriented towards resources that are inherent in human relations:

My therapist was very fine, and I remember that I always experienced myself as creative, when I was with her in a session, it was so good. She was very supportive... (Anja)

The ability to build up and develop relationships is closely connected to the capacity for creating personal boundaries, and as one student expressed it, she used a lot of her self-experiential process to develop protection around her inner space and feeling of a personal essence. Developing relationships is also connected to a capacity of self-nurturing. To be a therapist, the student must learn to listen to his or her own needs and to gradually learn how to meet those needs: 1) because it is necessary to take care of oneself in the demanding professional area of therapeutic work and 2) because the therapist draws on herself in the process. Self-experience training develops and enhances the student's basic ability to take care of self, which is an important task since many therapists feel an urge to help others and risk ignoring their own needs:

I do need to nourish myself, I need to offer myself something, something that I can live on, on many levels, before I can be something for others. (Gitte)

Relationship – music (6):

The students who are together in the group are clearly dependent on each other. They follow each other's processes and they do more than follow; they relate to each other and they have an ongoing exchange of experiences. They develop their relationships in music as well as outside the music and it may be rewarding as well as difficult with so many new close relationships. Self-experience in the music therapy training programme leads to a focused space where students have the possibility of working with relational themes in the group:

⁹⁷ The Improvisation Narrative for Erik (p. 156) illustrates how a student with close support and mirroring from the therapist succeeds in freeing himself of negative feelings from childhood relations.

We have really helped each other get through. We could always improvise, finding one's own place in the group and inspiring each other musically. (Heidi)

The musical expressions and exchanges between music therapist and student-client through improvisations intensifies the potential and relational space that therapy provides:

...entering the music and then feeling that I play me, I mean what is going on inside me, and then there is one person supporting me in the music. I found it exciting to feel that in my own body... (Pia)

In the music it is possible to be both in the here-and-now and in the past. Within the frame of the musical improvisation, time may dissolve and relational problematic themes related to the past may be activated and repaired:

...we sat there and I played the piano and the therapist played the xylophone – and then suddenly she was there, my mother...it was fantastic to be in contact with her – even though she was behind the window which was closed, and I was outside in the garden – the garden where we lived at that time...I had the feeling that I saw her and she saw me...and it opened up my heart. (Heidi) ⁹⁸

Through the improvisation and the living support from the therapist, Heidi was repairing her relationship with her mother, who died when Heidi was a child.

Relationship – consciousness (7):

Relationships between students and between therapists and student-clients develop partly in the unconscious; the relational exchanges are so complex and happen so quickly and all the time that it is hard to follow them with a normal state of consciousness. The students learn from each other and from the therapist and typically it can be difficult to pinpoint the elements or qualities that have been learned:

⁹⁸ The Improvisation Narrative for Heidi (p. 166) illustrates how the musical space really expands the possibilities of relational work.

... A part of the process has taken place in the unconscious, where you learn from being in the situations... With my first therapist I felt – I thought about this, I thought; do I really learn from her. Because I didn't have that same clear feeling that I have tried other times in other learning processes... but still I do believe that it was sinking into me somehow, I am just not conscious about it. (Pia)

As another student describes it, many relations are orchestrated simultaneously in the group therapy, and the student also learns from observing the relations that he/she is not directly a part of:

...I learned to know myself better through the meeting and relations with the others... it had to do with my reactions to the other group members, and what I felt towards how the therapist handled my contributions, and contributions from the others. And also witnessing what was going on between the other group members... (Olivia)

With an open mind, the student is sensing many layers in the communication between the others. And with an ability to reflect, the student might grasp, understand and verbalise what is happening in the relationships – as one student expressed it: then thoughts and feelings grow together in a coherent whole.⁹⁹ But it may also be a challenging and demanding process to develop this ability to connect feeling and thinking, experience and understanding.

It is very important that the self-experiential training allows the student to explore the meeting and realise that human relations are to a great degree communicated in tacit ways and are really are facilitators of human development. Several students expressed how they learned to think less and relate more:

You gain something in the exchange with another person. You cannot bring to light or encourage love through thinking about love for example. It is truly in the meeting with the other that you become who you really are. (Tessa)

⁹⁹ The Improvisation Narrative for Pia (p. 192) illustrates a process of searching for the self going beyond the intellectual mind to contact feelings.

Self-development – consciousness (8):

As mentioned earlier, an important element on the path of becoming a therapist is to clarify and develop personal boundaries. It is a challenging task to be open to learn and have the courage to explore and at the same time maintain personal integrity. Through self-experiential work in the client position a capacity for self-regulation develops. During the learning processes, there is a need to be open and to take in a huge amount of information, but the student also needs to build natural boundaries and find a balance, to be able to store and integrate all the new experiences:

The boundaries were there, more naturally, in the last therapy course, and they had a kind of self-regulating function; I did not have to be in control when it was relevant to stay open. (Pia)

If the self-regulative function develops, the process may lead to a great expansion of the self and of the consciousness; the future music therapist is able to see and to reflect and with that ability steer through life. This would include the ability to direct a therapy process or maybe more precisely, to feel intuitively where he or she is in the process and therefore the ability to be there for the client:

...self-experience is consciousness-raising, and the process of becoming aware has made me capable of seeing through – seeing through the “fog”...it has to do with seeing oneself clearly and with that starting point, being able to control one’s own life. (Anja)

Self development – music (9):

The music can be used actively as a tool in the process of exploring and expanding the sense of self, and at the same time the music can be a helper by containing and expressing something that makes it possible for the student to feel contact with her- or himself:

...There was a certain theme about building myself up musically. So that I remember who I am, and remember that the music can remind me of who I am. (Rikke)

The music in the self-experience process represents a resource – a source of certainty, as Rikke said. In the music improvisation the student may experience and explore different parts of his or her personality, and really dwell on different kinds of feelings and moods:

With the music I could express different qualities of my core self, and with the music making a space, it was possible to be in contact with a certain mood for a longer time and to see how it is inside that mood. (Nina)

It seems that the music is a space in which the different qualities of the self – more or less known beforehand – might be accepted and integrated. A wider span of personal qualities gives you more notes to play in the future work as therapist. Learning to improvise and play music in many different ways widens the capability to meet and cooperate with clients:

Go to the extremes in the music, go to some musical expression that sounds really chaotic or ugly or intense or wildly beautiful, or enormously quiet or very dramatic. The repertoire has been expanded – and this will make me more capable of meeting my future clients and what they bring, but also capable of seeing possible alternatives in the client-therapist cooperation. (Gitte)

The feeling I had after the improvisation – I remember saying that it seemed to me I had found a treasure. And it made me feel so happy and I felt like the healthiest person in the world, because I got in contact with that fine, good and also vulnerable quality... (Tessa)

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Several students reported that self-experiential processes supported them in finding and developing their personal musical expression, but the opposite was also reported: that the therapeutic processes forced the music in the background and that holding on to the importance of the music could be difficult, which might be due to for example problematic issues which take up the space in the group or in the individual, or a lack of trust in the music on the part of the therapist.

¹⁰⁰ The Improvisation Narrative for Tessa is partly a story about expressing through the improvisation what was not possible for her to express in childhood; it was a tacit – almost ineffable knowledge about “not talking about feelings”.

Music – consciousness (10):

Experiencing the music as a client in self-experiential training opens up the gate to cross-modal experiences and processes; music may produce a lot of inner imagery or the music may be felt in the body and the body sensations are then again connected with feelings and memory:

I had a deeper feeling of myself when I was present in the music...very much in the body as well, felt it and was very close to myself – in the spine – and I have been able to find those feelings again, through that sensitivity I experienced in the music and in my body...

Very clearly it is still the music that comes up, if I recall experiences from the therapy.
(Olivia)

What the student experiences through the music seems to be relatively easy to remember and to relate to also a long time after the process took place. Also the concrete music improvisation from the self-experiential process is a gestalt that many can easily remember very clearly for a long time.

One of the students reflects about the span of consciousness that music holds; it may open to images, dreams and memories as well as have an effect on body sensations in the here-and-now:

Music is experienced deeply in the cells, so deeply into the smallest and most basic and also the most intangible in the body so to speak... – it is fine that music may be metaphorical but it is not only metaphorical – it is also very concrete down to vibrations, and the skin responds to it. (Heidi)

Experiencing the connectedness between different levels and modes of experience provides the student with a deeply rooted understanding of inner communication in the therapeutic process:

This is how my voice and feelings follow each other; moving the voice – out of the mouth, out of the body, out through the mouth, and at the same time sensing the feeling downwards, I mean, grounding and really feel what I feel. (Tessa)

6.5 Choosing a theoretical frame of reference

I have now reached the point in the analysis where it is time to look at the horizontal findings from an explicit theoretical standpoint. The star model obviously shows that learning through self-experience in music therapy is a highly complex process. A vast theoretical landscape could be unfolded in relation to each of the five points of the star, but from a pragmatic perspective now is not the time to include and account for a number of theories that lead in different directions. Also, I find this study to represent a merging between learning and therapy, so a theoretical reference that is broad enough to meet these overlapping fields and meet the complexity of the material is preferable. Secondly, my research questions are very broad and overarching types of questions leading to an embracing theory and not to a focused theory with narrow limits.

As my main reference, I have chosen the theory of cybernetic psychology and cybernetic theory of consciousness, as described in books and articles by the Danish author and psychotherapist Ole Vedfelt.¹⁰¹ The theory is based on a cybernetic model inspired by works from G. Bateson (1979), Norbert Wiener (1961)¹⁰² and R. Ashby (1961)¹⁰³. This is a very broad and tolerant theory that integrates several theoretical perspectives such as for example psychodynamic theory and body dynamic theory within a cybernetic framework. The theory also builds on elements from Jung's analytical psychology, and gets inspiration from gestalt therapy and Eastern methods of mindfulness and self-contemplation.

I have been informed and inspired by Vedfelt's theory and psychotherapy training after having attended his training group for more than five years, so also from a personal point of view it is a viable and appropriate choice. I have learned about Vedfelt's theory through practice and my knowledge builds on my experiences as well as on classes where Vedfelt taught theoretical aspects. My personal insight into the work of Vedfelt may reduce my ability to discuss the theory from a critical point of view. I will return to the subject of possible bias in the discussion chapter (p. 330).

¹⁰¹ Most of the literature from Vedfelt used in the present thesis is in Danish. However, Vedfelt has published several books and articles in English - see list of literature.

¹⁰² Wiener, N. (1961) *Cybernetics or Control and Communication in the Animal and the Machine*. The Mit.Press. N.Y.

¹⁰³ Ashby, R. (1961) *An Introduction to Cybernetics*. Chapman & Hall 6TD. London.

It is important to present this information here since there is obviously a connection between my pre-understanding and the frame of reference that I choose to bring in now.

6.6 Placing Vedfelt's theory in Hermansen's model of learning theories

The theory that Ole Vedfelt develops and presents perhaps is not an explicit learning theory, but it could be categorised and used as a learning theory. Especially in his later work and in his book "The Intelligence of the Unconscious" (2000), Vedfelt is clearly changing the focus to be more in the direction of learning theory than theory of consciousness by integrating the perspectives of "practical learning", tacit knowledge and intuitive expertise etc. He is referring to principles from apprenticeship and he describes how development is closely connected to the learning that happens through human relationships.

Knud Illeris, a Danish Professor of Lifelong Learning at the University of Roskilde, refers to Ole Vedfelt and Vedfelt's concept of "the intelligence of the unconscious", acknowledging that it is important to realise that it is possible to learn without being intellectually aware of it. Like Vedfelt, Illeris also refers to the work of Antonio Damasio, who proposes that modern research of the brain is about to clarify that the unconscious processes are huge and hold an immense importance also for the area of learning (Damasio, 2004, in Illeris, 2006). Illeris quotes Vedfelt:

Unconsciously we are able to store both cognitive and emotional experiences in our memory for a long period of time, and the unconscious receives information much quicker and much more comprehensively than the normal state of consciousness. At first this is shocking to common sense because it indicates that the self (and the normal state of consciousness) is like a small boat on a huge ocean of unconscious information (Vedfelt, 2002, p. 28, author's translation, in Illeris, 2006, p. 31).

Since the current study is closely related to the field of learning, and since the horizontal themes that are now going to be interpreted from a theoretical perspective are really about learning processes, the selected theory must hold some sort of place in a landscape of learning theories. In the following I will try to place Vedfelt's theory in an overall model of learning theories, and thereafter I will briefly go through a few learning concepts that I find relevant in this context. The

chosen concepts are: reflexive thinking, apprenticeship and tacit knowledge. Finally, I will comment on psychodynamic learning in relation to cybernetic theory. The following sections will also function as an introduction to Vedfelt's theory.

Mads Hermansen (1998, 2003, 2005), a Danish Professor of pedagogic psychology and specialist in learning psychology, has developed a three dimensional model or a frame, in which different theories of learning can be placed, with the purpose of providing a visual overview enabling a comparison of theories and a discussion of their similarities and differences. The three dimensions are: the horizontality, the depth and the verticality of learning.

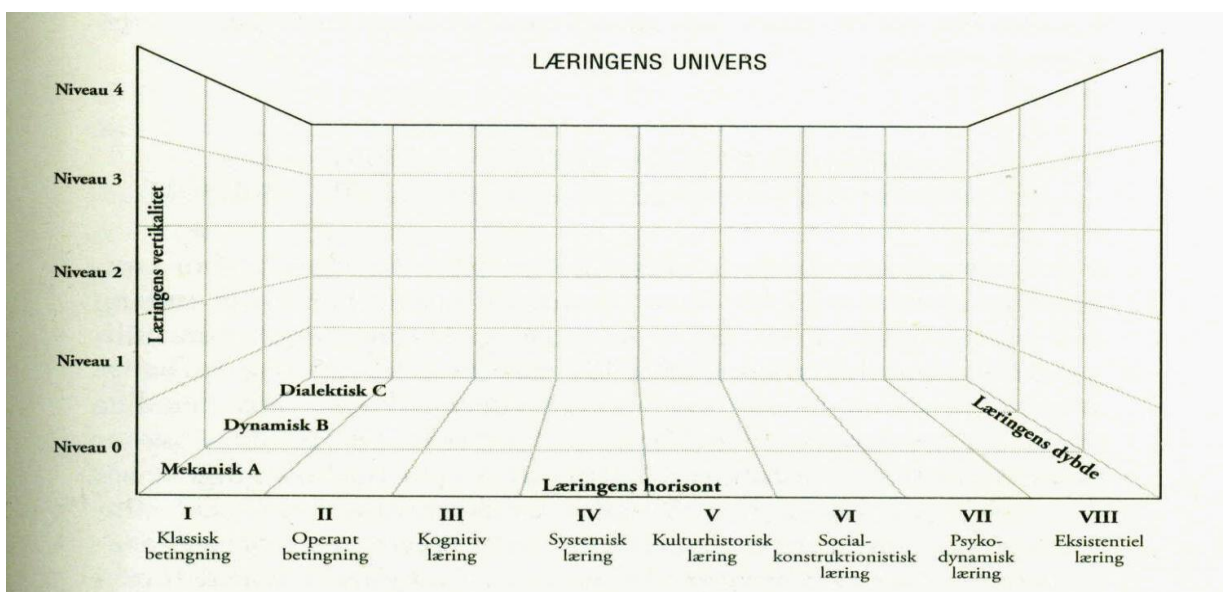


Figure 2: Hermansen's model of the field of learning theory (Figure in Hermansen, 2005, p. 23)

I will explain the three dimensions briefly and then try to place Vedfelt's theory inside this model.

The horizontal dimension of the model is a spectrum of different theories with basically different values and rooted in different scientific traditions. To the far left, Hermansen places the classical conditioning way of learning and farthest to the right is existential learning, i.e., at the left end are the schools that focus on behaviour and at the right end are the schools anchored in an emotional understanding of learning processes. In the middle we find schools that combine cognitive and emotional aspects of learning such as the systemic theories.

The depth dimension of the model has three levels: mechanical learning, dynamic learning and dialectic learning. In mechanical learning there is one-way communication between object and

subject, e.g., in the behavioural school the exchange is characterised by, for example, positive reinforcement from person A to person B. In the dynamic and dialectic learning there is an increasing interplay and mutuality between A and B.

The vertical dimension locates the different ways of learning according to the complexity they involve. Inspired by Gregory Bateson (1972, 1979, 1998), Hermansen works with five levels of reflections. At the lowest level there is no reflection at all connected to the learning. At level one to four the reflection becomes more and more complex. At level three and four meta-reflection is introduced and developed.

As Hermansen states, it is a comprehensive model that has communicative qualities and it can give an overview and orientation. When unfolding the more complex theories, this model must be left again, according to Hermansen. So I will try to place Vedfelt's theory in this relatively organised universe and thereafter leave space to continue the introduction with further reflections related to learning theory.

6.6.1 The horizontal dimension

My first attempt is to place Vedfelt's theory inside the category of systemic learning,¹⁰⁴ which is located in the middle of the horizontal dimension. Though the theory that Ole Vedfelt has developed integrates Eastern culture and philosophy about expanded consciousness with a recapitulation of Western psychology and psychotherapy schools, the foundation of the theory is cybernetics. Cybernetics is a communication theory about processes of control and regulation of complex systems. In cybernetic theory the learning or optimising of a system is a result of feedback from something or somebody. The theory of cybernetics is used by engineers in relation to the invention of machines or systems that are self-regulating by means of feedback mechanisms. According to the theory of cybernetics, human beings also constitute a self-regulating and self-organising system. Our human system balances and develops by means of the feedback that we receive and process. The human feedback system is of "second-order-cybernetics" – it is a lot more complex than the mechanic feedback system of a machine, which is called "first-order-cybernetics". In addition to feedback processes, the human system is able to meta-communicate; to reflect and respond to what is being communicated. With the concept of

¹⁰⁴ According to Hermansen, systemic learning resembles cybernetic learning – since systemic theory has a very clear understanding of learning that is cybernetic.

“second-order”, cybernetics is brought very close to the field of learning (Vedfelt, 2000a; Hermansen, 2003, 2005). The cybernetic model of personality in Vedfelt’s terminology is inspired by Gregory Bateson (Bateson, 1979; Ølgaard, 1986, 2005). Bateson worked among other things with communication theory, and he understood communication as a network of information and messages, going far beyond the spoken word – it is a process with relational exchanges happening almost all the time on several levels simultaneously throughout our lives.

In this context, it is important to mention the work of Luhmann, who developed a theory of learning that is also located in “systemic learning” on the horizontal line of the Hermansen model. Essential to Luhmann’s learning theory is that a relationship exists between the system (a person) and the outside world. This implies that the system produces or creates itself, it is “autopoietic”, but it is not isolated. The personality is separated from and at the same time deeply dependent of the world and it continuously needs contributions and influences from the outside. In Luhmann’s understanding of learning (1998), we sense and observe many things, we receive a great deal of information, and we will always try to simplify our sensory perceptions or to select the complex information. The selection is necessary for the system to be able to process and relate to the information (Hermansen, 2005, p. 72). Luhmann identifies three principles that explain what occurs when a person works with this differentiation or selection from among information: 1) redundancy, 2) requisite variety and 3) learning how to learn. “Redundancy” is extra information of the same kind; it can be repetitions in our communication that in some way are not necessary; on the other hand, it is needed to confirm our knowledge and let the information flow. The concept of redundancy resembles Piaget’s well-known concept of assimilation. In learning based on assimilation, new knowledge is integrated in agreement with the already existing knowledge of the person. “Requisite variety” is the correlate to redundancy; sometimes we need to stop the stream of information in order to look more closely at some of the information, and maybe we will understand something new because we will see “the difference that makes a difference” (Bateson), thus making our system even more complex. This principle resembles the concept of accommodative learning from Piaget. In learning based on accommodation, we talk about processes that are highly transformational – the basic patterns of recognition are changed. The last principle from Luhmann is “learning how to learn”. It refers to the idea that a system must be able to learn from its own experiences.

The systemic theory constitutes a conceptual foundation for bringing the self-regulating dimension of learning processes under consideration. To facilitate learning we can arrange a relevant milieu, but it is not possible to instruct or manipulate a person to learn.

Vedfelt's theory is related to Luhmann's thinking, describing the personality as a self-regulating cybernetic system, which oscillates between collecting information in the outside world and drawing back to states where it momentarily turns down the external impulses to be able to select and differentiate between information, and to process and integrate them in the personality system. The psyche is partly occupied by structuring incoming information in relation to the more overall operation and balancing of the personality. The system is open, and due to the exchanges with the outside, the system is able to maintain an inner structure and order.

The concept of "requisite variety" from systemic theory is comparable with the concept of "complexity", which is a key concept in cybernetics. When an organism or a system develops, it is characterised by the fact that the unit moves towards a higher level of complexity; more and more components can be contained and interacting; a black-and-white way of thinking would be in opposition to this.

A premise of the psychology of cybernetics is "the law of requisite variety" (necessary complexity). It suggests that the ability of the system to regulate itself potentially increases the larger capacity of information and complexity it is in possession of. (Vedfelt, 2001a, p. 306, author's translation)

6.6.2 The depth dimension

The depth dimension of Hermansen's model consists of three levels of learning: mechanical, dynamic and dialectic. The deeper we place the theory on this dimension, the more mutuality there is between the learning person and the teaching person. The process of learning according to cybernetic thinking is never mechanical; the two people will always have some influence on each other, since the system of the personality is always an open system and there will be an interaction and a mutual regulation going on. I place Vedfelt's theory in the dialectic category. This category refers to learning processes that are dynamic but may also even transcend the dynamic interaction. This might happen when something new and surprising develops in the learning process. It is

essential to note that Vedfelt understands a person as a complex system in which a lot of creative resources are hidden from the everyday state of consciousness (the unconscious intelligence), and these resources could be unfolded in a fruitful learning process. The experience of the two parts will transcend what they both have experienced before and that could very well be when the intelligence of the unconscious is involved. The learning processes in the psychotherapy training Vedfelt conducts support the dialoguing between different experiential modalities or levels of consciousness; listening to the body, the feelings, the inner movements etc., and thereby continuously expanding the complexity of inner awareness as well as expanding or transforming the relationship and interaction with the outside world.

6.6.3 The vertical dimension

The vertical dimension in the model refers to levels of reflection in the learning process. This part of the model is inspired by Bateson's learning theory. The model consists of five levels of reflection and I find it quite difficult to locate Vedfelt's theory in just one of the categories, since the cybernetic model is exactly characterised by the flexibility of the mind, and learning processes can take place on many levels of reflection according to Vedfelt's theory. The levels of learning in Bateson's theory actually make it possible to conceptualise all sorts of processes of change as learning – just happening on different levels of logic (Wilbrandt, 2000).

On level 0 in Hermansen's model, there is no reflection in relation to the learning process. I do not find it appropriate to place Vedfelt's theory on this level – it is not possible with no reflection at all, because every influence causes some kind of movement of the mind. Level I is a level characterised by learning without being conscious about development or changes; unconscious learning is included in learning according to the cybernetic model.

On level II, the learning processes are reflected by the learner in a way that guides the next steps in the learning, and the learner moves back and forth in the learning processes (reversibility), which is very much the case with students doing exercises in Vedfelt's psychotherapy training. This training includes self-experiential learning in which the student oscillates between paying attention to the various experiential modalities (e.g., imagery, thinking, feeling, body sensing, kinaesthetic etc.; Vedfelt, 2009), and reflecting upon the experiences with a co-student, with the group or with the therapist. Level two also refers to the ability to recognise patterns and

“transferring”; transferring what you have learned in one context and using it in another context (Bateson, 1998).

Level III in the vertical dimension of learning is characterised by the ability to reflect upon your own reflection. According to the cybernetic model of the personality, it is indeed a possible step to take. On this level, the learner relates to his own way of learning; he is really open and self critical, curious and inquiring; free to learn. Bateson indicates that a personal expansion of the self, which sometimes happens in the therapeutic process, could be defined as level III learning. (Hermansen, 2005, p.67). In order to reach level III, a thorough reorganisation of the personality must occur, Bateson states.

That psychotherapists should be capable to aid their patients even in a mere [level III] replacement of premises acquired by Learning II, is already no mean feat, when we consider the self-validating character of such premises, and their more or less unconscious nature. But that this much can be done – there is no doubt. (Bateson, 1972, p. 273)¹⁰⁵

Learning on this level of reflection may also imply that the learner develops contact with a deep level of wisdom or understanding that exceeds the learner’s own life and learning process. Bateson refers to a poem of William Blake in order to describe the possible level of reflection on level III:

*To see the world in a grain of sand
And heaven in a wild flower
Holds infinity in the palm of your hand
And eternity in an hour*

Level IV learning transcend level III. This level is barely described by Bateson, but Hermansen suggests that it might refer to a paradigm shift of, e.g., the history of science.

¹⁰⁵ A Danish translation of this quotation is found in Hermansen (1998, p.85): At psykoterapeuter skulle være i stand til at hjælpe deres patienter selv med ren og skær udskiftning af præmisser, der er erhvervet ved læring II, er allerede noget af en præstation, når vi betænker den selvunderbyggende karakter af sådanne præmisser og deres mere eller mindre ubevidste natur. Men at det kan gøres er der ingen tvivl om.

It is possible to consider locating Vedfelt's theory on this top level of reflection, because the theory does transcend existing theories in the field, and the way that Vedfelt connects so many threads in a multidisciplinary field of research could be viewed as a paradigm shift leading to a new connection between the natural sciences and psychology.

To conclude, Vedfelt's theory could be placed in the model as shown in figure 3:

- on the horizontal dimension: box IV, systemic learning,
- on the depth dimension: box C, dialectic learning
- on the vertical dimension: level 2, with possible movement between 1, 2, 3 and 4

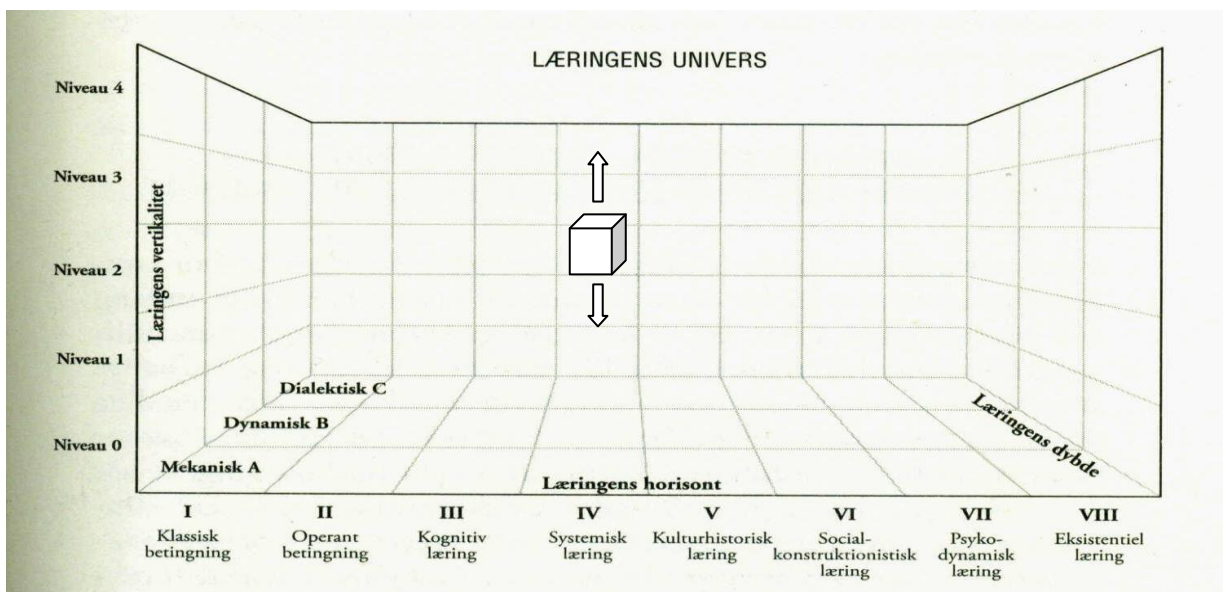


Figure 3: Location of Vedfelt's theory in a field of learning theories

6.7 Further introduction to Vedfelt's theory in relation to learning theory

We will now leave Hermansen's model, and examine a few concepts that will further clarify Vedfelt's theory in the context of learning.

6.7.1 Reflexive thinking

One of the sources of human cognition is the awareness of one's own experiences: i.e., self-consciousness. It is a specific human competence to be able to be attentive to oneself, to be able to look at oneself and reflect upon one's way of thinking. This was defined above as second-order cybernetics. In the human way of being, there is a moving force between a condition of self-oblivion and flow, and then a more active position of awareness and reflection (Vedfelt, 2000). In

the same way, there is a relation between experience and reflection in the learning process (Hermansen, 2003). According to Hermansen (1996, p. 9), all theories of learning processes are ultimately about how to understand the meaning of reflection in relation to development. American psychologist Donald Schön points out that a competent professional has the ability to reflect upon his actions while he is doing them: i.e., *reflection-in-action*. Schön refers to each situation in practice as unique, requiring an “artistic handling”.¹⁰⁶ The practitioner has to find the answer in each situation, and the answer is impossible to learn beforehand, due to the variability of situations. For example, in therapy the client is indeed a factor that will never become constant. But the practitioner leans upon his/her repertoire, comparing the new situation with earlier experiences that exhibit similarities and differences; from this, he/she will get an idea of a possible way to handle the situation. According to Schön, the practitioner tries out different ways of perceiving a certain type of situation, and continually revises on the basis of feedback from the situation. *Reflection-in-action* is movement between doing/exploring something and reflecting upon it, and each new experience contributes to the repertoire out of which new variations can be composed (Schön, 1983). Furthermore, the system, according to the cybernetic model, over time will develop a high level of complexity. Similar to Schön, Vedfelt refers to modern research concerning artificial intelligence, which shows human intelligence works with recognition through patterns; it is not an encoding of lists of rules that make us do what we do. Human reality is so complex that this would not be possible – and in psychotherapy, the therapist is typically present on several levels – sensing, doing, thinking and feeling simultaneously, trying to grasp the complexity of each client and each therapeutic process (Vedfelt, 1996, 2000a).

The cybernetic theory as described by Vedfelt emphasises learning through reflected practice and Vedfelt has developed methods in his experiential therapeutic training that give equal attention to reflection through the various modalities: imagery, thinking, feeling, body sensing, kinaesthetic etc. (Vedfelt, 2009).¹⁰⁷

¹⁰⁶ You need to stay open to each situation, ready to use your creativity.

¹⁰⁷ The idea is to support the client’s therapeutic process through awareness of the different modalities; if the client talks about old memories and at the same time has vivid body language, the therapist will ask for bodily experiences, and from that a clear image may arise and then contact with feelings may occur. It is not following a list but intuitively supporting the client’s own use of information channels and creative unconscious intelligence. This is a clinical competence that can be trained through practising and supervision.

The central point in the cybernetic and systemic way of thinking is that the subject is a system but also always a subsystem and therefore a part of a larger social system. Systems are embedded in each other in sub- and supra-systems. The model below shows the basic processes of systemic learning: the external interaction/feedback and the internal reflection and structuring of information (Wilbrandt, 2000, p. 73).

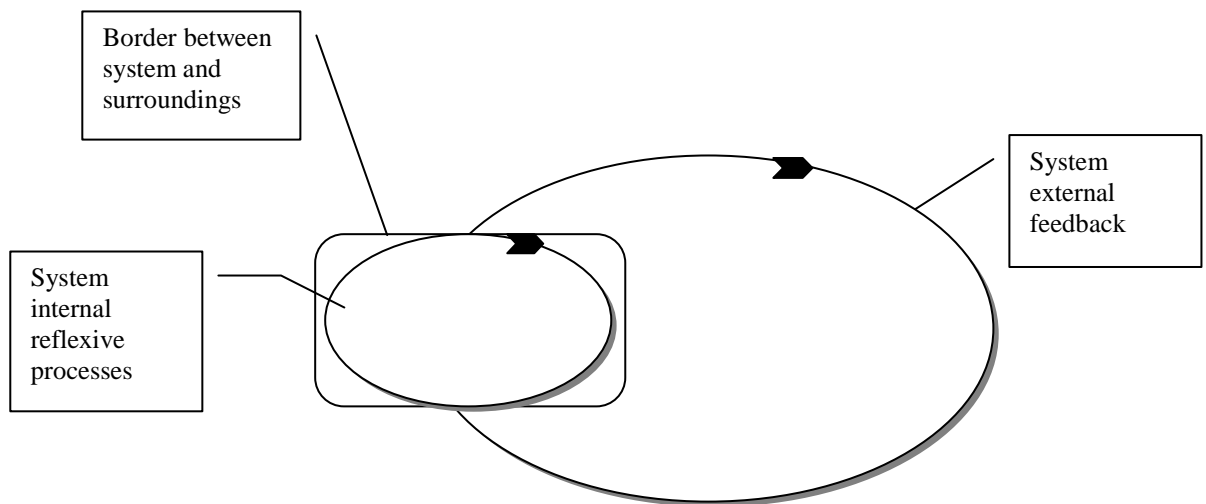


Figure 4: Systems and sub-systems in learning and communication.

This model of learning implies reflection on several levels and learning is constituted through the following aspects:

1. Borders between system and surroundings.
2. Communicative interaction between system and surroundings.
3. System internal reflexive processes (reflection).
4. System external feedback (feedback system) in relation to the activity of the system.

A brief example of a reflexive and relational process is illustrated in the quotation from student P: “...entering the music and then feel that I play me, I mean what is going on inside me, and then there is one person supporting me in the music. I found it exciting to feel that on my own body...”

P refers first of all to internal reflexive processes and then to the communication and interaction with the surroundings (the therapist and the music), which activate the external feedback system, and finally how this communication makes a difference and starts new internal reflection.¹⁰⁸

6.7.2 Apprenticeship learning

In recent years, there has been increasing interest in learning as a social practice, in situated learning and apprenticeship. Apprenticeship exists in many cultures and has many forms. Based on Lave and Wenger's theory (1991), of situated learning and communities of practice Professor Steinar Kvale outlines the main characteristics of apprenticeship as follows. 1) Joint practice: it happens in a social organisation, where the apprentice is slowly moving from peripheral participation to being a full member of the trade or profession. 2) Acquisition of a professional identity: gradually the apprentice moves step by step towards the mastery of the profession. 3) Learning without formal teaching: the apprenticeship implies that the apprentice does a lot of observation and imitation of what the assistants and the master are doing. 4) Evaluation through practice: the apprentice continuously receives feedback, mainly in the work situation, e.g., through the reactions from customers (Nielsen & Kvale, 2004, p.13). Lave and Wenger's theory focuses on the learning as situated, which implies that knowledge and learning are relational, are created in the joint practice and are related to the specific lives and the specific culture of the participants. In a more person-centred approach to apprenticeship, it is the specific relationship between master and apprentice that is in focus. The master makes the profession visible to the apprentice through reflected practice (Schön, 1987; Dreyfus, 2004). Common to the two perspectives is that apprenticeship is learning through entering and identifying with an established practice, and gradually making it one's own profession.

As an example of unconscious intelligence in relation to learning processes, the cybernetic theory emphasises learning through practice. Vedfelt suggests that the elements of apprenticeship are indispensable to the training of therapists (Vedfelt, 2000a, p. 50).

According to Vedfelt's cybernetic theory, some of the principles from apprenticeship can be applied to our understanding of early childhood development; the most basic skills are learned through nonverbal communication with the nearest relatives and a huge unconscious knowledge base is built up in the child. Vedfelt refers to modern infant research (Stern, 1991, 1995;

¹⁰⁸ The process of internal and external feedback corresponds to a corrective emotional experience.

Trevarthen, 1994¹⁰⁹) that shows how competent the infant is, and how well-developed infants' perceptual abilities are; constantly busy exploring and learning, enabling the infant to acquire fundamental human skills through relationships. The first mentor is the mother, but soon the father or other persons close to the child will be mentors as well (Vedfelt, 2000a, p. 66). In this first apprenticeship, the ability to relate will be trained and developed, as it continuously will throughout life in close relationships – and it constitutes a kind of raw material from which professional relational competencies may grow. The relational competence of a therapist is characterised by Vedfelt as a very delicate instrument in the therapy; “a specific yet complex skill with many facets”. And Vedfelt continues:

...a further development of the relational competence can take place on many levels and with different aims. In therapeutic training it happens in the best way as an apprenticeship, and personal therapy is one of the best prerequisites for identifying oneself with the client's position and how it feels to work with personal psychological problems. (Vedfelt, 2000a, p. 272, author's translation)

The role of language in apprenticeships is controversial even though there is consensus that language cannot be used in apprenticeships like it is used in traditional class room teaching (Nielsen & Kvale, 2004). Lave and Wenger (1991) present the idea that language and narratives are crucial for the apprentice who will be learning about the common practice through stories and anecdotes.

In professions where reflection is needed, e.g., in therapist education, spoken language is also essential. Schön (1987) points out that verbal comments from the supervisor in relation to the student's practical experiences will help the student to develop competence concerning reflection-in-action. Another conception of the role of language in apprenticeships emphasises the tacit aspect of an apprenticeship; a great deal of the knowledge will be passed on without the apprentice really being aware of it.

6.7.3 Tacit knowledge

The traditional concept of knowledge is *propositional knowledge*; the students acquire the relevant knowledge and rules through books, verbal teaching, lectures etc., and there is a dogma

¹⁰⁹ Trevarthen, C. & Aitken, K. (1994) *Brain development, infant communication, and empathy disorders*. Development and Psychopathology, 6: 597-633, Cambridge University press.

about the separation of the profession and the person. The professionalism is constituted as something external; the feelings, experiences, life events, life situation of the person are not integrated in the competence. In opposition to the propositional knowledge, there exists *non-propositional knowledge*, which cannot be expressed fully in a verbal language. It is also called *tacit knowledge* (Wackerhausen 1997, 2005). It is possible to learn through the body; the body knows a great deal that the person is not aware of as such. As mentioned above, learning through the body was/is an important part of the apprenticeship. Much of the knowledge that we use in therapy as well as in our daily lives is tacit knowledge. We can recognise a face from among thousands of faces without being able to express in words how we do it – we cannot point at the features that we perceive. “We can know more than we can tell” – Hungarian-British chemist and philosopher Michael Polanyi thus conceptualised the tacit dimension of learning and scientific knowledge (Polanyi, 1966), and with Polanyi’s work, the unconscious part of learning seems to have become more on the agenda of discussions inside learning theory and research (Illeris, 2006).

Vedfelt refers to Polanyi’s concept of tacit knowing, and uses the theory to emphasise that much of the information and knowledge we use is unconscious, learned in practice and basically rooted in the body. Polanyi states:

...tacit knowing...will be shown to form the bridge between the higher creative powers of man and the bodily processes which are prominent in the operations of perception”
(Polanyi, 1966, p. 7).

Vedfelt refers to Polanyi, who describes tacit knowledge as a basic form of knowledge, i.e., which constitutes a foundation for all other knowledge (Vedfelt, 2000a, 2001, p. 301). It is crucial that the cybernetic model is based on the assumption that unconscious processes are more exhaustive and regulating than the usual (daily) state of consciousness (Vedfelt, 2001a, 2009).

In the previous sections, I used Hermansen’s learning theory model to help elucidate Vedfelt’s work. Obviously Hermansen’s work is strongly inspired by the American philosopher and anthropologist Gregory Bateson’s theory of learning; thus one of the three dimensions was the levels of reflection (the vertical dimension). Bateson suggested five levels (Bateson, 1972), while

Hermansen incorporates only two levels: 1) habitual learning (habits and routines/close to the body) and 2) reflective learning. Bateson proposes that the big distance is between reflection and reflection upon reflection (meta), whereas Hermansen suggests the big distance is between habitual learning and reflective learning, since this is a relation between two types of order (Hermansen, 2003, p. 56). Level one (doing/habits) is characterised by a bodily knowledge, a tacit dimension, and there is a marked movement to level two, which refers to reflexive and linguistic knowledge.

I assume that the cybernetic theory would concur and add to it that there are many levels; learning can be conscious and verbal and it can be unconscious and tacit – and it can be all the interfaces in between since learning happens through all channels of processing. Unconscious learning is probably an integral part of a network with conscious learning (Illeris, 2006).

Vedfelt states that human beings can concentrate and have their awareness on inner states in different situations in which they are not preoccupied with adaptation to the surroundings, and this may facilitate a higher level of consciousness in the psychic hierarchy. In states like dreams, relaxation, inspiration, creativity, meditative introspection or psychotherapy, the psyche is not occupied with everyday practical things, and there will be a surplus of information capacity, which will give the possibility of more profound learning (reprogramming) of the whole personality system.

6.8 The cybernetic model in relation to psychodynamic theory

I would like to briefly take a look at psychodynamic learning theory, since the self-experiential training model in Aalborg can be traced back to an analytical and psychodynamic music therapy orientation (see p. 12). (Originally it was Mary Priestley who developed the idea of offering experiential training in music therapy to music therapy students.) In this section, I will also try to reflect upon how Vedfelt's cybernetic model integrates psychodynamic theory¹¹⁰.

Traditionally, research in the field of learning concentrates on the content-dimension, whereas aspects regarding the drive or motivation to learn are mostly treated in developmental psychology

¹¹⁰ I need to acknowledge here that psychodynamic theory of today is difficult to define – many contributions have developed the theory and it goes in many directions.

and clinical psychology (Illeris, 2006, p. 89). Illeris refers to Freud and his early work about instincts and motive power; it is from this dimension that the motivation and energy for learning emerges. Freud was not occupied directly with the concept of learning or learning theory, but his huge contribution to knowledge and theory about personality and development makes it natural to include some thoughts about the implicit view on learning in his theory. According to Freud, human beings have incredible potential for learning, which is related to a biological and genetic urge to develop in life. Basically, learning has to do with survival and is also connected to desire and delight. Hermansen formulates it as follows: “Learning is related to life as breathing to oxygen” (Hermansen, 2003, p. 174).

According to the psychodynamic theory of object-relations, a necessary step in self-development is for a child to experience frustration. The mother cannot and should not continue forever to satisfy the needs of the child immediately. If the amount and timing of the frustration are optimal, the child over time will develop those competencies necessary to learn to meet his own needs. The basic understanding of learning in the traditional psychodynamic view is therefore that a certain dosage of frustration will motivate learning (Hermansen, 2005, p. 94).

Certain elements of apprenticeships, as described above, obviously have connections with a psychodynamic line of thought. As mentioned earlier, apprenticeship does not refer to just one sort of learning method, it also includes socialisation; every human being experiences apprenticeships in relation to human development, from very early in life, when the closest caregivers become social and emotional role models, and throughout the life span human beings usually meet people outside the family who become their intellectual, emotional and spiritual role models. What is learned through apprenticeship is not just knowledge as such – there is an internalisation occurring, and this may be both for better and for worse: e.g., the child might learn that expressing frustration leads to contact and attention or it leads to loneliness. When a therapy student steps into the client’s position, the student will in the same way learn through interaction with the therapist, and the student will look at the therapist as a kind of role model. And again, this may be for better and for worse, since the therapist may make mistakes or in some way miss seeing and understanding the student-client. Or the student may be frustrated by his or her own shortcomings and limitations, which may be a natural part of a developmental process.

According to Vedfelt and cybernetic theory, the analytical tradition going back to Freud and Jung has contributed with very important insight because of the significant exploration of the unconscious. This acknowledgement of the unconscious is crucial inspiration for Vedfelt's cybernetic theory. However, Vedfelt found

“a model was needed that was capable of uniting the advantages from Freud and Jung's intra-psychic theories, with a theory of the psyche as an open system – a theory ready to describe levels and states of consciousness and with a balanced understanding of body and soul relation”. (Vedfelt, 2001a, p. 299, authors translation)

Further, the demand for the therapist to go through his or her own therapy process, well known from the analytical- and psychodynamic-oriented therapies, is clearly integrated in Vedfelt's theory. The concept of second-order-cybernetics implies the acknowledgement of the fact that the person who observes will always influence the observed. This point of view entails a certain responsibility for the observer to be self-reflective (Vedfelt, 1996). Inside psychotherapy, this implies that every therapist must go through a personal therapeutic process, in order to get thorough and deep self- knowledge and to develop the competence to reflect and become aware of their own underlying basis. Training is required to enable the future psychotherapist to be directed towards the client's system as well as his or her own system simultaneously (Vedfelt, 2000a, p. 264). Vedfelt states that this demands a two-way consciousness and this should be a part of the therapist's training. When the therapist realises his own inhibitions, he will be able to listen to his unconscious intelligence. Vedfelt refers to the importance of knowing your own limitations and problems and thereby the potential transference and countertransference in the dynamic of the therapeutic relationship.¹¹¹ If the therapist does not develop awareness of these phenomena, he or she risks fettering energy and obstructing the free movement between various experiential modalities and the different sources of information from consciousness, which will affect the therapeutic process in an undesirable way. If the therapist instead has thorough insight into, for example, his or her own painful memories or negative feelings, it is possible to regain the intensity and the life energy that these feelings tie, and then it will be much easier for the therapist

¹¹¹ The concepts of transference and countertransference in music therapy are thoroughly described by, e.g., Danish music therapists (Niels Hannibal, 2000; Inge Nygaard Pedersen, 1997, 2000, 2006). Pedersen, in her PhD thesis, documents how countertransference provides a strong channel of information, very much connected to bodily sensations.

to move with his or her attention and state of consciousness in the therapeutic work (Lindvang, 2007). In conclusion, cybernetic theory acknowledges and integrates the analytical theory of transference and countertransference, and it further adds that the rationale for the therapist's own therapy is to serve and nourish the intelligence of the unconscious.

6.9 Coming back to the star model informed by theory

I have now introduced the cybernetic theory as it was developed by Ole Vedfelt and I have tried to place his theoretical perspective in a landscape of relevant learning theory. Now it is time to return to each of the ten thematic pairs of the star model, and elaborate further on what was presented above.¹¹²

1) Learning – relationships:

“Apprenticeship” in human development

In the quotes from the interviews, students described how the self-experience brought up themes like safety and trust. The students experienced in their own body how essential it is to trust the therapeutic relationship and also how vulnerable it is to work with this issue. According to Vedfelt, a cornerstone in cybernetic theory is the possibility of healing and development through relations. From birth, we are basically relational and social individuals and we persist being so throughout our lives. In infancy and early childhood, the most basic relational skills are developed through non-verbal communication with the nearest relatives, and this is the first human apprenticeship.

Based on experiences from relationships with parents, siblings and other people, an “inner network”¹¹³ of how to communicate and relate in different situations develops – an experience-based number of human working-models are integrated. These relational experiences may of course be negative as well as positive and everything in between.

¹¹² I use the writings of Ole Vedfelt in this section plus my notes from his teachings. If I refer to other authors, it is because I find it relevant to make clear to whom Vedfelt refers. Later in the discussion section, I will address the implications of the theoretical standpoints, and from a meta-perspective try to consider their usefulness.

¹¹³ “Inner network” is a concept from cybernetic psychology inspired from research on the human brain showing that we are capable of treating a huge amount of information in parallel and simultaneously working networks, corresponding to an inner structure and complex organisation of experiences (Vedfelt, 1996, p. 227 ff).

Elements from apprenticeship are obviously integrated in self-experiential therapist training: experiences from observing and listening to a therapist work and the personal experiences the students get from therapy both individually and in groups really constitute a pillar in the learning and development of relational competence (Vedfelt, 2000, p. 50).

2) Learning – self-development

Cybernetic understanding of the personality

The quotations in this section illustrated students getting to know themselves better through self-experience processes – expanding their knowledge about who they are, and realising that living and working as a therapist demands an ability to step in and out of many different roles.

In cybernetic psychology, personality is understood as a multi-layered information-system; human beings usually have many roles, played with more or less awareness. There is inner parallel processing and organisation occurring, where different parts of the personality (“inner part-personalities”) are dialoguing in the unconscious in order to adjust in the here-and-now situation. “Inner part-personalities” represent subsystems of the psyche and an everyday state of consciousness represented by the ego is considered to be just one part parallel to other parts. Cybernetic theory understands the “inner part-personalities” as manifestations of a “distributed intelligence”¹¹⁴ (Vedfelt, 2000b, p. 549). In learning processes, it is a network that learns: the different parts will learn more or less consciously. Through self-experience the student develops awareness in relation to his or her different personality-parts, and therapeutic relationships with new relational experiences may open the way for new subsystems/personality-parts with extended flexible capacity.

3) Learning – music

Non-intellectual experiences and subliminal processes

Quotations from the students’ interviews illustrate how processes of self-experience opened up to a deep understanding of music in therapy that went beyond what the student might have felt or known before. Cybernetic theory proposes that modes of experience like feelings, body

¹¹⁴ “Distributed intelligence” is a concept from cybernetic psychology and it originates from research on the human brain showing that our brain is storing and working with huge amounts of information on several levels simultaneously. Intelligence is distributed in systems and subsystems also defined in this context as “part-personalities” (Vedfelt, 1996, p. 227 ff, 2000a, p. 285).

sensations, inner images and, in this case, musical improvisation hold just as precise and a lot more information about a person or a situation as the rational ego-bound mind would. According to Vedfelt, people do receive a lot more information and impressions than they consciously are aware of; our normal rational state of consciousness is capable of treating only a very small amount of information (20-40 bits per second) compared with many millions of bits the total system is capable of treating. He refers to research in unconscious sensation and non-verbal communication, which document intense unconscious activity parallel to our awake and more conscious psychic processes (Vedfelt, 2001a, pp. 300-303). Vedfelt has described the capacity “to move” outside the usual state of consciousness and spoken language as “subliminal processes”. Vedfelt shows that it is possible to expand our perception into the subliminal knowledge-base by developing alternative forms of cognitions, and I would add, like in music improvisation. Self-experience in music therapy gives the student important non-intellectual experiences, and may also develop his or her awareness and respect in relation to subliminal processes going on in the music.

4) Learning – consciousness

Levels of reflections

The quotations from the students in this section document their interest in the relation between different levels of reflection either being in the here-and-now or being at a certain distance from a situation. From the perspective of cybernetic psychology, it is considered as basic that reflection happens on several levels, sometimes parallel and simultaneously, and for an exploration of these levels, thorough introspection is needed. The student does need to build a base of experiences and thus qualify his or her judgement in therapeutic work to a higher and more complex level. This is a process involving both intuition and insight. “The work with the intelligence of the unconscious does not exclude the intelligence of the conscious, on the contrary it is important to be able to switch between two positions; a contemplative and an analytical” (Vedfelt, 2000a, p. 265).

According to Vedfelt’s theory, we always experience in wholes; he refers to research showing that human practical intelligence works by “recognition of patterns” – no list or rules could guide in the same way; reality is so complex that this would be impossible (Vedfelt, 2000a, p. 46, 2000b, p. 551) As mentioned earlier, we possess a huge amount of tacit knowledge – “we can know more than we can tell” (Polanyi, 1966), and this knowledge may be expressed as, for example, a bodily sensation or impetus. It is important for students to learn to trust this powerful phenomenon of the

creative human consciousness. According to Vedfelt, building up intuitive expertise happens over time and through apprenticeship in close (therapeutic) relationships.

5) Relationships – self-development

Cybernetic theory; a resource-oriented perspective

The student quotations illustrate how they personally gained from the therapeutic relation.

Cybernetic psychology understands human beings as basically resourceful social individuals in a continuous creative developmental process (Vedfelt, 2000a, p.301). In the therapeutic process, the therapist looks for resources ¹¹⁵ – showing interest and exploring also negative feelings with the premise that an attempt to self-regulate is taking place. In cybernetic psychotherapy, the relational competence of the therapist personifies him or her as a “good person” in the client’s universe; a trained human being who is able to give acceptance and response on many levels, thereby creating a dynamic atmosphere supporting the client’s self-regulating processes (Vedfelt, 2000a). It is likewise important for the therapist to nurture his or her own self-healing and self-regulating capacity, or as one student stated: It is essential that students develop in this area in order to become resourceful therapists in the future.

As stated above, the human apprenticeship in early childhood influences the relational patterns that the person uses later in life – now partly functioning as tacit knowledge in the unconscious. In psychotherapy, where the psyche of the client is free from everyday business, a surplus of energy and information capacity is available, and it may be possible (if relational patterns are the concern), on this high level of self-regulation that may arise in the close relationship with the therapist, to transform some of these relational patterns into more appropriate ones.

6) Relationships – music

Feedback processes; relational work in the music

The quotations from the students described important relational work happening in the music, which raises considerations about feedback processes. According to Cybernetics, the human

¹¹⁵ Cybernetic psychology and psychotherapy do not look for deficits in the person/the client, since it is based on communication theory and every sign or expression will be understood as information. For example, cybernetic theory does not use the term “resistance” – rather, the client’s expression would be understood as information about breaking the alliance, which might be caused by the therapist’s lack of empathy or for other reasons.

system is a self-organising and self-regulating system¹¹⁶ – an open system, and as described above, learning is closely connected to the concept of feedback processes: the system can regulate and develop, constantly receiving, selecting and working with feedback from the surroundings. This was illustrated in the systemic model and in the example with P (p. 225), who experienced how the support from the therapist in the music was feedback that made a difference. According to Vedfelt, contact with a higher level in the personality system is possible through processes of creation. States of creation are also called “information dense” states of consciousness and are obtainable, for example, through meditation or therapy, where vast amounts of information and feedback are treated by the intelligence of the unconscious (Vedfelt, 2000a, p. 51 ff., p.303). In the light of cybernetic psychology, musical improvisation, as an open space for spontaneous expression and relationships, is an “information-thick” state of consciousness lifting therapist and client(s) to a level where deep feelings and important relational issues can be treated and reorganised.

7) Relationships – consciousness

Communication of feelings and relationships

A review of the student quotations raises the theme of feelings and emotions in self-experiential learning. In cybernetic psychology, feelings are understood as channels of communication carrying information. Feelings may be more or less conscious. We are not consciously aware of all the emotional communication between human beings. A lot of emotional communication may pass very subtly. Strong emotional reactions may, for example, appear as strong bodily expressions.¹¹⁷

Vedfelt refers to research showing that the unconscious takes in much more information from the surroundings than the normal conscious mind does and also that the unconscious perceives much more quickly. This also holds for relational communication. This phenomenon is called subliminal perception, which forms a basis for subliminal processes as described above (Vedfelt,

¹¹⁶ Cybernetic theory about feedback mechanisms is used for example by engineers in relation to inventions of self-regulating machines and systems.

¹¹⁷ In Vedfelt's latest publication (2009), he refers to Damasio (1999, “The feeling of what happens”): “According to Damasio, emotion, feeling an emotion, and knowing that you feel an emotion represent three different levels in the mind and the brain. Emotion presupposes first order neural maps representing changes in the body state. Feeling an emotion is mediated by second order structures, a “protoself” that senses the changes in the body. Reflection on feeling is a further step up from having a feeling. The different levels are connected with feedback loops, but common to the three phenomena – emotion, feeling an emotion and knowing that you feel an emotion – is their body relatedness.”

2000a, p.21ff, 2009). Furthermore, feelings are believed to have more associative links to the past than thoughts normally have, and it has been documented that it is possible to store emotional experiences in the memory for a longer time than experiences with no feelings attached (Vedfelt, 2000a, p. 197).

In group therapy, an enormous amount of emotional information is available, and the group members will absorb a lot of this information under the threshold of consciousness. It may happen that tacit communication of feelings may rub off from one student onto the others in the group (Vedfelt, 2000a, p. 212). Many micro-level impressions from group-members will accumulate in each of the students and emotional material may hit the surface for several students in the group. A great deal of self-experience learning is closely related to feelings and a part of that emotional knowledge is learned tacitly and some of it will stay tacit.

8) Self-development – consciousness

Self-regulating ability

In terms of self-development and consciousness, the students expressed awareness of their own development and acknowledged the power of the unconscious. I previously described (p. 220) how cybernetic theory understands personality as complex, with different personality parts having different levels of consciousness, but working together, and each contributing to the regulation of the whole human being. The self-regulating processes function due to the fact that the system is open to exchange with surroundings, but operates more or less closed some of the time. Human beings need to withdraw to be able to select and distribute all the incoming information. As described above, complexity is a necessary resource in a system, but a system also needs a certain amount of constraints in order to avoid chaos, but still reach a balance. Constraints are important in all kinds of learning processes. A system would not be able to find its developmental direction without constraints (Vedfelt, 1996, p.118).

Self-experience learning may lead to a greater capacity for systematic introspection and self-regulation, which includes the ability of being open (Vedfelt, 2000a, p. 79) as well as setting up personal boundaries. Training and developing the ability to be in contact with the intelligence of the unconscious may also lead to more floating limits between conscious and unconscious, and it will be possible to decide when to enter different states and for example get in contact with specific resources.

9) Self-development – music

Complexity and creative power

In the quotations, the students described self-exploration and expansion of the self in music. The musical improvisation facilitated an inner discovery, and as described earlier, different parts of the personality could be explored in the improvisation, working with a wide range of different qualities, forms of expression and complex roles.

Complexity is a keyword in cybernetics: when a system is developing, it is characterised by moving towards higher levels of complexity where more components are contained and in play. As described on page 219, “the law about requisite variation” says that the ability to self-regulate will increase in line with greater capacity for processing information (Vedfelt, 2001a, p. 306). According to the philosopher Arthur Koestler¹¹⁸, the creative mind works best in fluent mental activities with roots deep in our consciousness, corresponding to Vedfelt’s suggestion that the source of creativity is found outside our normal everyday state of consciousness, in states with greater complexity: “The ability to tie consciousness to associative networks, through body sensations, feelings and inner images, is crucial in relation to creative processes” (Vedfelt, 2000b, p. 552, author’s translation).

10) Music – consciousness

Supra-modal space of the psyche

In this area, the students talked about cross-modal experiences, where feelings, body sensations, memories etc. were mixed in the process of self-experience (Bruscia, 1995).

In Vedfelt’s terminology, a supra-modal space describes the state of consciousness in which cross-modal experiences are possible. Our normal state of consciousness only contains very restricted amount of information and the transport of information is divided in separated channels of processing; thinking is isolated from feelings etc., and the transport is slow. A supra-modal space is a multidimensional psychic space with access to several modes of experiences, and a huge amount of information is treated very quickly. The ability to contain many sorts of information simultaneously is also called the “synaesthetic sense” or the “supra-modal ability”.

¹¹⁸ Koestler, A. (1981): The three domains of creativity. In Dutton, D. & Krausz, M. (eds): The concept of Creativity in Science and Art. Martinus Hijhoff Publishers.

Modern infant research shows that it is an innate human ability to experience amodality and cross-modality – to transfer experiences from one modality to another (Trevvarthen, 1994; Melzoff & Borton, 1979; Chamberlain, 1988, in Vedfelt, 2000a; Hannibal, 2000, 2005; Stern, 1991, 1995).

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According to Vedfelt, it is highly important in the development of the therapist to further train this human ability, in order to reach a supra-modal level of very quick treatment of information, getting access to as whole a picture of the client and the process as possible (Vedfelt, 2000a, p. 59).

When music therapy students have an active memory in relation to music improvisation, remembering things from the past while they play, as well as remembering the improvisation a long time after it was performed, or sensing their body listening to themselves play, these can be described and understood as a development of the skill of cross-modal perception while staying in the supra-modal space of the improvisation.

Staying in contact with non-verbal expression, atmosphere, feelings, body sensations and, for example, the sound of the voice in a supra-modal combination, creates a possible self-regulation and transformation of the personality. Furthermore, supra-modal experiences will result in more permanent memory traces in the personality.¹²⁰

Supra-modal ability in the therapist builds upon a lot of competencies and skills trained in self-experience processes, as the previous section has shown, and this complex ability is essential when music therapists are aiming at meeting and attuning to clients in music therapy.

6.10 Summary of second-order analysis of qualitative data

In this chapter, I examined the qualitative data across the nine students I interviewed. In the thematic analysis across the interviews, I found five main themes: the learning dimensions, the

¹¹⁹ Trevvarthen, C. & Aitken, K. (1994) *Brain development, infant communication, and empathy disorders*. Development and Psychopathology, 6: 597-633, Cambridge University press.

Meltzoff, A. N. & Borton, W. (1979) *Intermodal matching by human neonates*. Nature, 282, p. 403-404
Chamberlain, D. (1988) *Babies remember birth*.

¹²⁰ Vedfelt has presented thorough documentation showing the existence and the enormous capacity of the unconscious memory (Vedfelt, 2000a, p. 192 ff).

relationships, the music, the self-development, and the levels of consciousness. I continued to elaborate on the interrelatedness between the five main themes developing a “star model”, in which each main theme stands out forming a corner of the star, and at the same time it is clear that all five themes are connected. The star model gives ten connected pairs. I presented quotations from the students’ material to illustrate each of these ten dynamic pairs of themes. Following this illustration of themes, I investigated the horizontal findings from an explicit theoretical standpoint. I have chosen the theory of cybernetic psychology to be my main reference in this context, as developed and described by Ole Vedfelt. I placed the theory in a landscape of learning theories using a categorising model from Mads Hermansen, and with that I went through a few relevant learning concepts to introduce Vedfelt in relation to these concepts as well. Finally, I came back to the star model, again going through the ten thematic pairs, but now informed by theory.

6.10.1 Reflections in conclusion

The themes developed from the star model do indeed overlap. Many of the chosen quotations might as well fit into other categories due to their complexity and some of the theoretical comments could have been placed in a different order. It has been difficult to structure the material in a logical way. I feel, on the one hand, that both the empirical data and the theory of cybernetic psychology are well contained in the text and at the same time the complexity of both stands clear. The processes of selecting, choosing and gathering material and, in short, creating a meaningful theoretical interpretation from such a huge amount of qualitative data and such a comprehensive theory has been a challenge. The repeating movements in a hermeneutic circle back and forth between empirical data and theory have gradually produced the text, and it has been a great help to follow the stream of the circling work, trusting that pieces would come together and create a sort of whole at a certain point in time.

The qualitative component of the current study has been described in chapter four, five and in the present chapter six. In the following two chapters the quantitative component will be presented. In the discussion chapter (chapter nine) I will again relate to the qualitative analysis that I conducted, and the possible connections between the qualitative and the quantitative component will be considered and discussed.

Chapter 7. Quantitative Method

Up to now, this thesis presented the qualitative component of the study in which the goal was to investigate the impact self-experience training has on music therapy students. The current chapter presents the background for expanding the study with a second research question, leading to the use of a quantitative method, i.e., administering a questionnaire to professional music therapists. Further, it includes a description of how I developed the design of the questionnaire.

7.1 Considerations leading to the second research question

Music therapists in Denmark are educated academically at the University of Aalborg. As mentioned previously the programme differs from other academic educational programmes due to the many practical aspects it integrates: besides self-experience, it includes three periods of practicum experiences and a great deal of musical training and supervision (a table in Appendix I, gives an overview of the subjects offered/ in English p. 375). Surely all aspects work together and form a whole: the professional music therapist steps out of the educational context and starts to work using his or her educational knowledge fused into a professional identity. From an overarching perspective, the relation between training and professional work is an interesting matter. Is there a meaningful connection between the two? This is an important question for both the educational institutions and the clinical institutions. It is not unusual to hear about a gap between the area of education and research and the area of professional activity (Brinkmann & Tanggaard, 2007).

One main aim of the current study was to conduct qualitative investigations of students' experiences with self-experiential learning processes. However, since the aim of the self-experience learning is to develop advanced professional competencies, it seems highly relevant to provide a new perspective to the qualitative findings by studying what music therapists actually carry with them in their professional and clinical work, in regards to what they may have previously learned through self-experience. In light of this, the second research question is divided into two parts:

-
- 2a)** How do music therapists trained in Aalborg evaluate their own clinical competencies and the impact of their prior self-experiential training on their clinical competencies?
- 2b)** What is the relationship between what music therapy students experience and describe about their learning processes (as elicited in question 1) and how music therapists trained in Aalborg evaluate the impact of their prior self-experiential training on their clinical competencies? ¹²¹

7.2 Overall considerations in relation to a questionnaire-based survey

I decided to use a quantitative method in the form of a survey questionnaire, considering it to be the most appropriate strategy for collecting relevant empirical material to help me answer the second research question. Survey research is a method used to collect information by asking a set of pre-formulated questions to a group of people (i.e., a fixed quantitative design). Later in this chapter a more specific definition of the group (sample of individuals) participating in the present study will be presented.

Most surveys are carried out for descriptive purposes. Surveys in music therapy research are typically used to gather information from different people associated with the profession, to highlight specific aspects of music therapy, for example to provide supportive evidence for music therapy services or to inform about music therapists' work situations. Many surveys in music therapy tend to focus on reviewing the literature to get an overview of what has been published (Wigram, 2005), but there are not many surveys in music therapy about clinical practice and educational practice.

Different forms of questionnaire-based surveys are possible: a survey can be conducted by interviewers (in person or as a telephone survey) or as a self-administered postal or online questionnaire. The latter was used in the present study. The literature describes specific problems related to self-report questionnaires. First of all, it may be difficult to motivate respondents to

¹²¹ During the process of developing this questionnaire, I determined that changes to the wording of the second research question were needed. Considerations about changing the wording are described in Appendix CD-R (V, step 20 p.46).

participate and as a consequence it may be difficult to get a high enough response rate (Wigram, 2005; Olsen, 2006). Robson states that a low response rate is a serious and common problem and every effort should be made to raise response rate levels (Robson, 2002, p. 238). According to Wigram (2005), response rates are typically low (20-25%) and rates of less than 50% are usually suspect, since we do not know how the non-responders would have responded; as Robson states, we have little basis for assuming that the responders and non-responders are similar.

In general, a face-to-face or telephone-interview produces better response rates, but in the present study it would not provide the confidentiality that is needed. Since the sample of this study is small (45 music therapists), it is even more important to get a high enough response rate in order to obtain valid findings, and I considered how to motivate respondents to secure a high response rate. My aims were to formulate really precise information about the survey – the background and the purpose – and to give clear practical guidance. Further, the appearance of the questionnaire is vital; it should look easy to complete. Robson lists some factors for securing a good response rate, which have been inspiring along the way in designing the questionnaire (Robson, 2002, p. 249).

Another problem related to a self-report questionnaire is that there is no contact with the respondents, so explanations are not possible, misunderstandings cannot be corrected, you do not know if respondents are treating the exercise seriously and you can not be sure about the honesty of answers. It is therefore necessary to take great care when formulating the questions: for example the meaning of a word must be as narrow as possible and sometimes a definition of a word is needed. It is important to fit the use of language with the target group and it is always important to be relatively simple, for example, to make sure to avoid asking two questions at once. Again Robson has made a helpful checklist to avoid a variety of problems in the wording of questions (Robson, 2002, p. 245). According to Robson, if the task is too difficult, not only will the quality of answers be low, it will also lead to low response rates.

Postal/online questionnaires have the advantage that they allow anonymity and are appropriate when dealing with sensitive topics, and it is a further advantage that the respondent has enough time to read through the whole questionnaire, to think about the questions and to give thoughtful answers (Olsen, 2006, p. 55). I consider these advantages to be crucial in the current study.

7.3 Purpose of the survey

As stated by Wigram, it is first of all very important to be clear about what the present survey is supposed to give answers to:

Clarity in defining the objectives of the survey is critical in order to ensure that the tools that will be used to obtain information and the way in which that information is analyzed do in fact achieve what the survey sets out to explore. (Wigram, 2005, p. 272)

This leads me back to considerations about what kind of mixed-methods design I use and what kind of status the survey will have in the context of this study. It clearly was sequential data collection, and I previously defined the study as having an embedded design, not an exploratory design (see p. 7). In an exploratory design, the researcher usually decides how to use the results from the first phase and build on them in the second phase (Creswell & Clark, 2007). In the current study, the results from the first phase (qualitative) were not used to develop the questionnaire¹²². The purpose is not to formulate questions for music therapists leading to a direct *comparison* between students' experiences and professionals' experiences. The objective is also not to *validate* what was found in the qualitative investigation by means of a quantitative method. This is because the two groups are too different: the students reflect upon self-experiential aspects of training that are very close to them and their present situation, whereas professional music therapists are supposed to reflect upon the connection between aspects of their earlier training and their current self-evaluation in relation to clinical work (research question 2a). The questionnaire in a way is independent of the somewhat larger qualitative study, but at the same time it is closely linked to the qualitative component. The objective is to arrive at a discussion about the span between students' self-experiences and professionals' evaluation of their own competencies in relation to their earlier self-experiential learning. This means that I will embed the results from the questionnaire in a larger discussion where the different sets of data are brought together (i.e., answering research question 2b which will happen in the discussion chapter nine p. 294).

Designing a questionnaire is a task with many challenges, as described above. Robson suggests:

¹²² According to Creswell and Clark (2007), this would be an exploratory design: Instrument Development Model.

A major part in the art and craft of producing a survey questionnaire is in writing it in such a way that respondents understand what you want from them, and are happy to give it to you, while the questions at the same time remain faithful to the research task. (Robson, 2002, p. 242)

To be able to answer research question 2b, which is clearly dealing with the *relationship* between students' experiences and music therapists' evaluations, my task as researcher is first to find out how professional music therapists evaluate the impact of their earlier self-experience, and then, when I am in possession of empirical answers to question 2a, I will be ready to say something about what the relationship is.

7.4 Process of designing a questionnaire

It is a rather time-consuming process to conduct a worthwhile questionnaire study: development of research questions, study design, testing and revising drafts are just the beginning steps (Robson, 2002, p. 228). The process of developing the questionnaire for the current study took 28 steps and 90 pages of notes and drafts.¹²³

As will be clear in the following summary, I worked in hermeneutic circles: going back and forth between details and overall considerations (part and whole), by using other questionnaires or knowledge from research from the same area (therapists' evaluation of their own competence), and by sharing and using feedback from colleagues. (A table that illustrates the whole process of designing is located in Appendix VII p. 432).

Some steps were characterised by reading and reflecting and others by social activity, as for example "testing" the questionnaire among music therapists and researchers and receiving feedback. This process fostered among other things: a better layout, a more precise introductory letter, more focused language, more background information and clearer definition of concepts. The final version of the questionnaire can be found in the appendix, in the original form (in Danish, Appendix VII p. 435) and translated into English (see Appendix VII p. 451).

¹²³ This is a summary of the steps used in the process of developing the questionnaire – a fuller version (in Danish) with detailed descriptions of the processes of reflecting, selecting and developing can be found in the CD-R Appendix V – including 7 drafts before the final version.

The questionnaire was developed on the basis of the curriculum at the Aalborg Music Therapy Programme, in which the competencies are described pertaining to those the music therapist is expected to develop prior to graduation.¹²⁴ The focus will be on those competencies that relate to the therapeutic track of the programme, i.e., the “self-experiential training”¹²⁵. Thus, it addresses the therapeutic subjects in which students bring in and focus on *personal* material, life stories, here-and-now social situation, relationships, emotions etc.

Step 1) The curriculum as the starting point (CD-R Appendix V p. 2)

The starting point was to read through the curriculum of the music therapy programme at Aalborg, which contains a list of overall competencies that the students are expected to develop. These competencies are divided into professional, clinical and musical competencies and I listed them as a first step.¹²⁶

Step 2) Turning the list of expected competencies into questions (CD-R Appendix V p. 3)

For example, an expected competence in the study plan is formulated as follows: “To make and explain professionally related decisions.” This was re-worded into the following question: To what degree do you experience yourself being able to make and explain professionally related decisions? All of the listed competencies were turned into questions that could be answered on a 5-point Likert-scale, ranging from “not at all” to “a great degree”.

Step 3) Adding a question related to self-experience (CD-R Appendix V p. 4)

My interest was not only to ask the music therapist for an evaluation of his or her personal competencies, but also to get to know to what degree an evaluation was related to self-experiential training. After each primary question, the following secondary question was added: “To what

¹²⁴ “Competence” is a general concept in the questionnaire. Illeris (2006) states that competence is a concept that is not just an accidental change of language – it is a concept that covers a holistic-oriented learning process (Illeris, 2006, p. 143). “Qualification” is a concept that covers concrete knowledge and skills (in separate elements), whereas “competence” forms a whole. Illeris refers to Danish Professor Per Schultz Jørgensen who defines a competent person to be a person who is qualified in a broader sense, he or she is able to use professional knowledge and more than that, use it in unpredictable situations. It is inherent in the concept of competence that a person has the ability to use a considerable part of his or her personal qualities.

¹²⁵ According to the description of the expected competencies, it is important to mention that the study board was *instructed* to formulate these back in 1995. And this was done with a certain amount of scepticism because it is difficult to formulate such complex clinical competencies, and furthermore it was necessary to focus on competencies that are possible to evaluate.

¹²⁶ I assume that learning through self-experience may influence development of competencies in all three areas, whereas the fourth area in the study-plan, which is “academic competencies”, I chose to not include in this context.

degree do you feel that your self-experiential learning has contributed to the development of this competence?”

Step 4) Minor revision of the questions (CD-R Appendix V p.7)

Now a revision of some of the sentences was done to make the language more fluid. (The changes to the wording were tracked in the log.)

Step 5) Including specific lists of clinical competencies (CD-R Appendix V p. 10)

I read through the curriculum again to select the specific lists of expected clinical competencies in relation to therapeutic subjects, where the student steps into the client role. Expected competencies related to group therapy and individual therapy were left out, since the described expectations of what the student ought to get out of the courses were not related to future professional competence.

Step 6) Overall considerations (CD-R Appendix V p. 11)

This was a step in the reflection about which of the many goals regarding the students' future competence the questionnaire should concentrate on. At this point, there were both the overall lists and the more specific clinical lists of competencies, and this resulted in too much material with too many competencies that were very similar to each other.

Step 7) Reducing the number of questions (CD-R Appendix V p. 11)

In this step, new questions were derived from the listed clinical competencies. Next the overall list of competencies was compared with this more specific list, and a reduction of questions took place to avoid repetitions, but still getting an elaboration of competencies related to clinical aspects.

I explain the reduction in my log.

Step 8) Integration of the different lists of questions (CD-R Appendix V p. 13)

At this point, all the questions were integrated in one list of questions. The division into professional, musical or clinical competence was omitted and a new rank order was tried. The additional question about the impact of the self-experiential learning was added to all questions on the new list.

Step 9) Moment of confusion (CD-R Appendix V p. 16)

Reading through the whole list of suggested questions, I realised that many questions were still similar and many questions were somehow problematic. I found myself in a state of confusion and I decided to change surroundings, placing myself in the garden with a printed version to read through and to reflect upon all the questions very thoroughly.

Step 10) Defining problems associated with question formulation (CD-R Appendix V p. 16)

During the in-depth reading of the whole list of questions, the following problems were defined:

¹²⁷

- Asking two questions at once
- Questions that are too similar to each other
- Questions that need to have clearer wording
- Questions that need a more precise focus
- Questions that use concepts that need explanation

If the question is not clear it causes confusion for the participant and the results will be unclear because you do not know which of the dimensions is addressed. Further, we must avoid using too many concepts or phrases with broad meanings. Again this would make the answers more uncertain. In light of this process of clarification, I made a thorough change and correction of the text.

Step 11) Back to overall considerations (CD-R Appendix V p. 20)

In this step, the specificity of each question was ignored for the sake of focusing on more general considerations about the questionnaire as a whole, as for example:

- Information provided to the music therapists about the questionnaire
- Which kind of background questions I wanted to ask
- Should the survey be online, paper or both – and which software program could I use?

¹²⁷ The process in this step was supported by the literature about questionnaires (Olsen, 2006; Robson, 1997/2002).

Steps 12 & 13) Making a first draft of the full questionnaire (CD-R Appendix V p. 21)

Considering all the issues raised, acknowledging that there are certain problems that I have discovered and tried to solve, I saw that I might not have ended with a perfect solution yet. Step 13 was just to add the question about influence from self-experience in relation to each of the competencies I address.

Step 14) Inspiration from an international survey ¹²⁸ (CD-R Appendix V p. 25)

One of the scales in the big international survey conducted by Orlinsky and Rønnestad (2005a) relates to the therapist's own experience and evaluation of his or her professional development. The scale is called the "Current and Career Development Scale" (Orlinsky & Rønnestad 2005a p. 288). I saw that most of the questions were closely related to what was already in the draft. However, a few issues related to the evaluation of relational competencies needed better coverage – so two new questions about therapeutic relationships were integrated (questions number 19 and 20 in the final version).

Step 15) A second draft and some new reflections (CD-R Appendix V p. 27)

In this step, a new draft was completed. Looking again at the original division into professional, clinical and musical competencies, the questionnaire was clearly weighted on clinical competencies, which fostered some reflection: the musical aspects of self-experience learning were a clear pivotal point in the qualitative interviews which included music examples. But it did not seem to hold the same weight in the questionnaire.

Step 16) Inspiration from the literature (CD-R Appendix V p. 31)

I found inspiration and perspective by reading the book "The Psychotherapist's own Psychotherapy" (Geller et al., 2005). One conclusion presented in the book, on the basis of several literature reviews of research, is that therapists report on the importance of interpersonal relationships as one of the most significant things they learned through personal therapy. In light of my reflections during the previous two steps, I decided to formulate some questions that related to the competence of building a relationship with the client and secondly the

¹²⁸ The book "How Psychotherapists Develop" (Orlinsky & Rønnestad 2005a) is based on a huge international survey (psychotherapists' self-report): Development of Psychotherapists Common Core Questionnaire (DPCCQ; 5000 therapists participated).

competence of using music in that respect (questions number 21 and 22 in the final version of the questionnaire).

Step 17) Discussion with my supervisor (CD-R Appendix V p. 32)

My supervisor read the questionnaire draft and we had a long discussion, which I summarised in 16 different items. Among other things this included: revision of certain formulations, adjusting the background questions, including the possibility of answering “I don’t know” or “not relevant” after each question, considerations related to testing the questionnaire, preparation of the wording and distribution of the information letter.

Step 18) A third draft (CD-R Appendix V p. 33)

All the issues discussed in step 17 were worked through and integrated in a third draft.

Step 19) Reflections (CD-R Appendix V p. 46)

I thought a great deal about the issue of giving the participants the possibility of avoiding answering questions by responding “I don’t know” or “not applicable”.¹²⁹

Step 20) Further expansion of the questionnaire (CD-R Appendix V p. 46)

One of the issues in the discussion with my supervisor (step 17) was the question of how to integrate a comparison of the different elements or subjects of the Music therapy curriculum at Aalborg University. I added a list of questions for which participants were asked to evaluate the importance of each study element in relation to their most recent music therapy task (question 24 in the final version of the questionnaire). I also added two open-ended questions to the end of the questionnaire, to allow participants the opportunity to provide further comments concerning the influence self-experience might have had.

Step 21) Fourth draft and a pilot (CD-R Appendix V p. 50)

¹²⁹ The reason for including “not applicable” as an answer is that some music therapists might not be working in a context where they use all of their competencies. However, I decided that instead of having a “not relevant” choice, I would explain in the introductory information that the participant should try to *evaluate* all competencies that were addressed, even if their work context did not incorporate the use of all of these competencies.

Everything was put together in a new draft and I decided to invite my Danish colleagues working in psychiatry (Music therapists in Psychiatry (MIP group)) to be my test group. I sent out a printed version to the group members and I got a response from seven music therapists.

Step 22) Working with responses from the test group (CD-R Appendix V p. 51)

Three of the seven music therapists provided verbal comments, and four answered the questions and made comments as well. The comments gave me a lot to think about and I organised my considerations in 19 issues. In the appendix I describe in detail what my reflections were in relation to each issue; sometimes my reflections lead to changes in the questionnaire, the information letter, the wording etc. And for some of the issues I decided not to make any changes as a result of my considerations.

Step 23) Examining results from the pilot (CD-R Appendix V p. 54)

The pilot included five completed questionnaires: the four from MIP and my own. I examined the results, for example, by counting those questions to which all five agreed with a positive answer (answering “very much” or “to a great degree”). One of those questions asked to what degree self-experience learning contributed to the development of the competence of being flexible in the here and now therapeutic situation. Doing the pilot also lead to some overall considerations.

Step 24) Fifth draft and response from a professor in the field (CD-R Appendix V p. 55)

All revisions arising from the considerations of steps 22 and 23 were integrated in a new draft of the questionnaire and information letter. I contacted Norwegian Professor Helge Michael Rønnestad ¹³⁰, and asked him to comment on the questionnaire.

Step 25) Correspondence with Professor M. Rønnestad (CD-R Appendix V p. 72)

Rønnestad gave me a few very precise comments that were supportive and included some suggestions for changes: 1) create an even shorter way of asking the questions, 2) root (give a name to) every possible answer on the Likert scale. He also recommended development of a table containing all the subjects of the Aalborg programme, and include the possibility of negative answers (Question 24 in the final questionnaire).

¹³⁰ Rønnestad is a co-editor and author of a lot of publications, for example the following books: “How Psychotherapists Develop” (2005) and “The Psychotherapist’s own Psychotherapy” (2005); see reference list.

Step 26) Reflections upon the feedback and a sixth draft (CD-R Appendix V p. 74)

This step was a reflection on how to change some things and produce a new draft that integrated changes, and the inclusion of a whole new question “battery” (question 24) as recommended by Rønnestad.

Step 27) First considerations about an online version (CD-R Appendix V p. 88)

After having tried out different trials, I decided to use SurveyMonkey, an American survey web company. The program has relevant tools, functions in a clear way and is relatively easy to handle (www.surveymonkey.com).

Step 28) Sharing with PhD colleagues (CD-R Appendix V p. 88)

At the PhD seminar at Aalborg University Research School for Music Therapy and Psychology, I shared with my research colleagues the latest draft of the questionnaire and I had the chance to discuss a few last issues. This discussion resulted in some changes and some additions! To mention just a few of them, as reflected already in step 19, I decided now to keep the possibility of answering “I don’t know”¹³¹, and one more question about background was integrated.

7.5 Sampling

Convenience sampling is a non-probability sampling method¹³² that involves choosing the most convenient people to participate in the study (Robson, 2002, p. 265). In order to use convenience sampling for the present survey, the following inclusion and exclusion criteria were chosen:

- Include music therapists qualified at Aalborg University
- Exclude Danish music therapists trained elsewhere
- Include music therapists qualified between 2001 and 2007
- Exclude music therapists qualified before 2001 or after 2007

¹³¹ The SurveyMonkey program would not allow me have a possible answer of “I don’t know” just beneath the question and the Likert scale, so I had to insert a “dummy question” before the “I don’t know” box, calling it “I cannot evaluate this question”, (see the original version in Danish in Appendix VII p. 435).

¹³² In probability sampling, it is possible to specify the probability that any person will be included in the sample, and a sampling plan in which it is not possible to do so is called “non-probability” sampling (Robson, 2002, p. 263).

- Exclude music therapists who are not members of MTL ¹³³

The reasons for the limitations to the sample were as follows:

- Only music therapists who graduated from Aalborg University were included in the study, since it is the only music therapy programme in Denmark. If I administered the survey to music therapists educated in other countries, the participants would have had a very different background, with different types and amounts of self-experiential learning, and on the basis of such differences it would have been hard to compare any answers or even to formulate questions meaningful to all participants.
- Music therapists qualified in 2001 or later are a group of relatively newly qualified individuals who graduated within a new curriculum of a five-year-programme and therefore it seemed obvious to delimit the sample to participants who graduated in 2001 or later. ¹³⁴

Furthermore, music therapists who graduated before 2001 participated in a similar survey carried out by a group of students in 2001 (Hald et al., 2001, see p. 253), and it was therefore likely that some music therapists who graduated before 2001 would prefer not to participate in a new survey, which would thus influence the response rate. It was also considered an advantage if training was not too long ago – since experiences, further training, supervision, inspiration from colleagues etc. would mix with the original training, and perhaps make it more difficult to separate all the factors as the years pass.

- I decided to include music therapists who graduated no later than 2007. The questionnaire was distributed by the end of 2008 – and it was considered necessary to have at least one year of distance from the educational programme and some clinical experience, enabling the participants to respond to all the questions.
- Music therapists who were not members of the Danish Association of Professional Music Therapists (MTL) were excluded from the sample. Firstly, this was decided because of

¹³³ Danish Association of Professional Music Therapists

¹³⁴ Music therapists who graduated before 2001 followed another curriculum (a four-year program) with, for example, self-experiential subjects arranged in a different order.

pragmatic reasons: it would be difficult to find most of these people because their physical addresses and email addresses would not be available. Secondly, it was assumed that music therapists who are not members of MTL are not involved in working with music therapy.

Fifty-eight music therapists were included on the lists, provided by the University, of music therapists who graduated between 2001 and 2007. Thirteen out of the fifty-eight were not members of MTL. In the end, the questionnaire was distributed to forty-five music therapists. An overview of the sampling and the response rate can be seen in Appendix VII p. 456.

Surveying a convenience sample might not be considered the best choice compared to surveying the entire group of professionals (Wigram, 2005). On the other hand, the objective in this case was to get responses from music therapists who did have self-experience integrated in their training and what they learned through this self-experience was still fresh, and who worked with music therapy.

7.7 Distribution

I did consider several issues in relation to how to distribute the questionnaire. Sending out a printed version (postal survey) to everyone would have been expensive and taken a substantial amount of time. I also doubted that the participants would prefer a paper version of the questionnaire compared to an online version. However, one reason to prefer a paper version might be that one can easily fill out part of the questionnaire on one day and the rest on another. I found a way for the same procedure to be possible electronically, and I informed the participants in an e-mail that it was easy to go forth and back in the questionnaire, and eventually split the response in several parts. Another important point was to secure confidentiality. I even considered that participants might feel safer when answering personal questions in an online questionnaire compared with a paper version, where personal handwriting is visible and the envelope carries a local postmark.

A disadvantage in relation to an online questionnaire is that the respondent does not have a visual overview of the size of the questionnaire, which might be annoying. I also assume that technical

problems could occur with an online questionnaire and certainly it does take a certain amount of a researcher's time to learn how to make and manipulate an online version. In spite of these considerations, I concluded that an online questionnaire was cheaper, more comfortable for the participant, less time-consuming and therefore more appropriate. I assumed that doing analyses seamlessly with the computer would be easier as well.

I gave the participants the option of getting the questionnaire in print (postal survey), but none of the participants asked for that.¹³⁵

7.8 Collecting responses

I sent out the questionnaire in early November 2008 (e-mail) and after two weeks I had received about half of the 36 responses that I eventually would collect. I sent out a reminder with a follow-up letter emphasising the value of the respondent's participation, and during the next two weeks I got the second half of the responses. Time used for collecting this data was 4-5 weeks all in all.

After having collected the responses followed a phase of treating the results. In the next chapter the results will be presented, analysed and interpreted.

¹³⁵ E-mail information and the information letter sent to the music therapists can be found in appendix VII (p. 433). The full questionnaire, including practical information on how to fill it out, is also available in appendix VII (p.435).

Chapter 8. Questionnaire results

In this chapter, the results from the survey questionnaire are presented with descriptive statistics and analyses, including interpretation of the results. The first part of the chapter presents an item-by-item analysis; here we look at results for each question, examining highest and lowest scores, the mean scores etc. In the second part of the chapter, the analyses are based on *total* scores, i.e., all items of the a- and b-questions are put together to constitute a scale. In this way it is possible to compare a- and b-questions and look for significant correlations through statistical tests.¹³⁶

Following this chapter, the discussion chapter presents interpretations that will be taken a step further, relating to the qualitative component of the current study of self-experiential learning.

8.1 Response rate

The questionnaire was distributed to 45 professional music therapists. As earlier noted, the target group of respondents was defined to be music therapists who graduated from Aalborg University between 2001 and 2007. Thirty-six music therapists responded. One respondent answered only the first few questions and therefore was excluded from the study. Three respondents were determined to be outside the convenience sample; one was still a student, and two others had graduated in 2008. In order to maintain the previously defined criteria, all three were excluded from the study.¹³⁷ Thirty-two responses were evaluated as valid, which indicates a response rate of 71%.

8.2 Background questions

In the following, I will examine results from the background questions, and I will evaluate the possibility of creating a comparison between groups as a part of the analysis of questionnaire results.

¹³⁶ On the CD-R (for Committee) the result data can be found in Appendix VI

¹³⁷ Some of the responses from these three respondents stand out from the majority of answers, and therefore it is reasonable and relevant to comment on these divergent answers in footnotes along with the description of results.

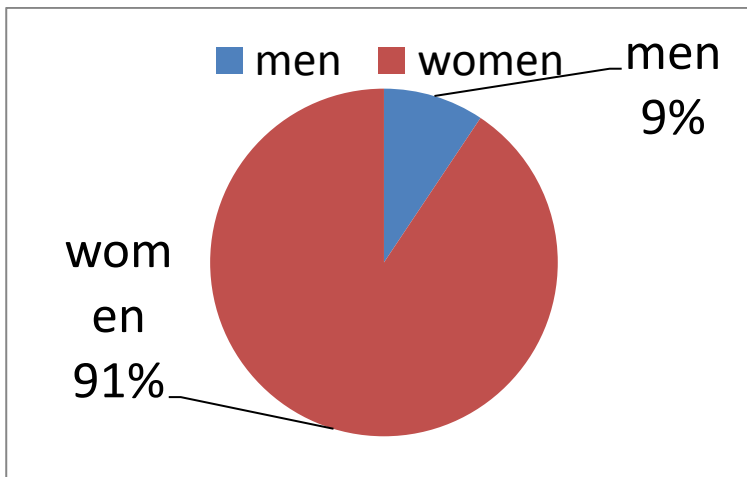


Figure 5: Gender of respondents

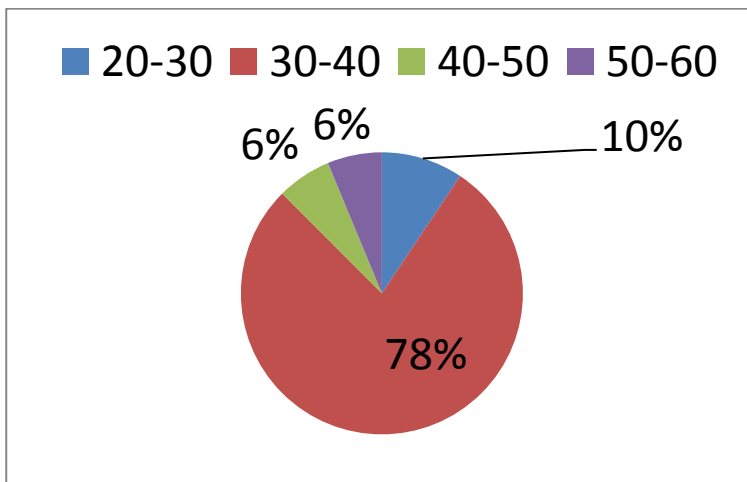


Figure 6: Age of respondents

Gender: Only three men (9.4%) responded to the questionnaire; 29 (90.6%) of the respondents were women.¹³⁸ With only three men, it does not seem meaningful to compare answers in relation to gender. Comparing the three male respondents, it is clear that there are answers to several questions they do not agree upon, which makes it even more pointless to let the males constitute a group to be compared with the group of women.

Age: Twenty-five respondents were between 30 and 40 years old. Three were younger and four music therapists were older. There is no point in comparing answers according to age, since such a great proportion of the participants are in the same age group.

¹³⁸ The distribution of gender in the Aalborg programme resembles the distribution of gender in the present study.

Amount of clinical experience: Only 16 of the respondents answered the question concerning what year they graduated. In another question, respondents were asked how much experience they have as practicing music therapists. All 32 respondents answered this question. The participants can be divided into two groups: the music therapists with up to 3 years of experience constitute one group (17 respondents) and the music therapists with more than 3 years of experience constitute another group (15 respondents). It is thus possible to compare the answers from the respondents according to amount of experience, and determine if there are any differences between the two groups' evaluations of their own competencies and evaluations of self-experiential learning and its impact on the development of clinical competence. We will return to this issue later in this chapter.

Client group: Thirty respondents described with which client group(s) they work or have worked. The 30 answers indicated a manifold picture covering many different client groups, and most of the music therapists mentioned more than one client group. Therefore it is meaningless to try to split the respondents into groups depending on the client group(s) with which they work.

Experience with the client group before music therapy education: About one third of the respondents ($n = 10$) reported they had some experience with the client group before their music therapy training. However, it is difficult to divide the entire group of respondents into a "yes" and a "no" group since some respondents answered, e.g., "yes and no", "yes a little", "not really", or they mentioned a client group they had some experiences with, but it does not entirely match the client groups that the person works with as a music therapist. As mentioned above, most of the music therapists have clinical music therapy experiences with more than one client group, which complicates the possibility of dividing the group according to previous experience working with particular client groups.

In conclusion: Answers to the background questions paint a picture of a quite homogeneous group consisting mainly of women between 30 and 40 years old. At the same time it is a broad and colourful picture with many different client groups represented. The only significant comparison between groups across the 32 respondents is according to the degree of experience. This comparison will be presented after the description of the results for the group as a whole (see p. 271).

8.3 First question

Thirty respondents answered “no” to the introductory question: i.e., they do not think that they would be able to work at the same clinical level without self-experience as a part of their training in music therapy. One person skipped the question, and one answered, “I don’t know”.¹³⁹

Answers to this introductory question illustrate that a majority of the respondents believe that the integrated self-experiential training contributed positively to their clinical competence as music therapists.

The remaining 23 items in the questionnaire (i.e., a-questions) ask for more specific information about how music therapists evaluate their own clinical competencies, and every question about a specific clinical competence is supplemented with a second item (i.e., b-questions) about the impact of self-experience on the development of that specific competence.

8.4 Evaluation of competencies (23 a-questions)

The music therapists were asked to evaluate their own clinical competencies on a Likert scale, with the following five categories: “not at all”, “a bit”, “to some degree”, “very much”, “to a high degree”.

8.4.1 Mean scores

The general picture is that the scores for the 23 competencies are very uniform. And further, in general the scores are highly positive. Below the chart shows an average score for the evaluation of each of the 23 competencies:¹⁴⁰

¹³⁹ One of the questionnaire responses which was excluded from the study answered “yes” to this question.

¹⁴⁰ To calculate the mean score for each competence, I changed the ordinal scale to a numerical scale: “Not at all” = 1, “a bit” = 2, “to some degree” = 3, “very much” = 4, “to a high degree” = 5.

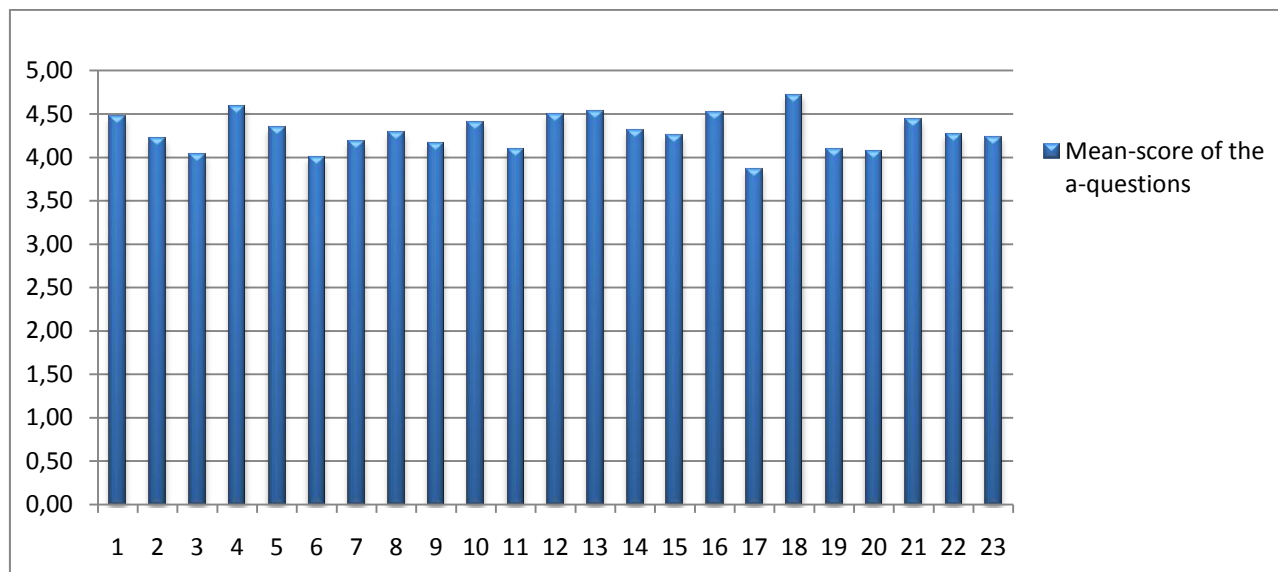


Figure 7: Overall mean scores from the total sample for all 23 self-rated competencies

The clearest finding is that the mean values generally are very high, and it is difficult to analyse the minor differences.

8.4.2 Scores on the highest ranking: “to a high degree”

However, it is possible to see a little more differentiation across the scoring of the 23 competencies if we concentrate on how many of the 32 respondents scored the highest possible value (“to a high degree”) on each of the competencies:

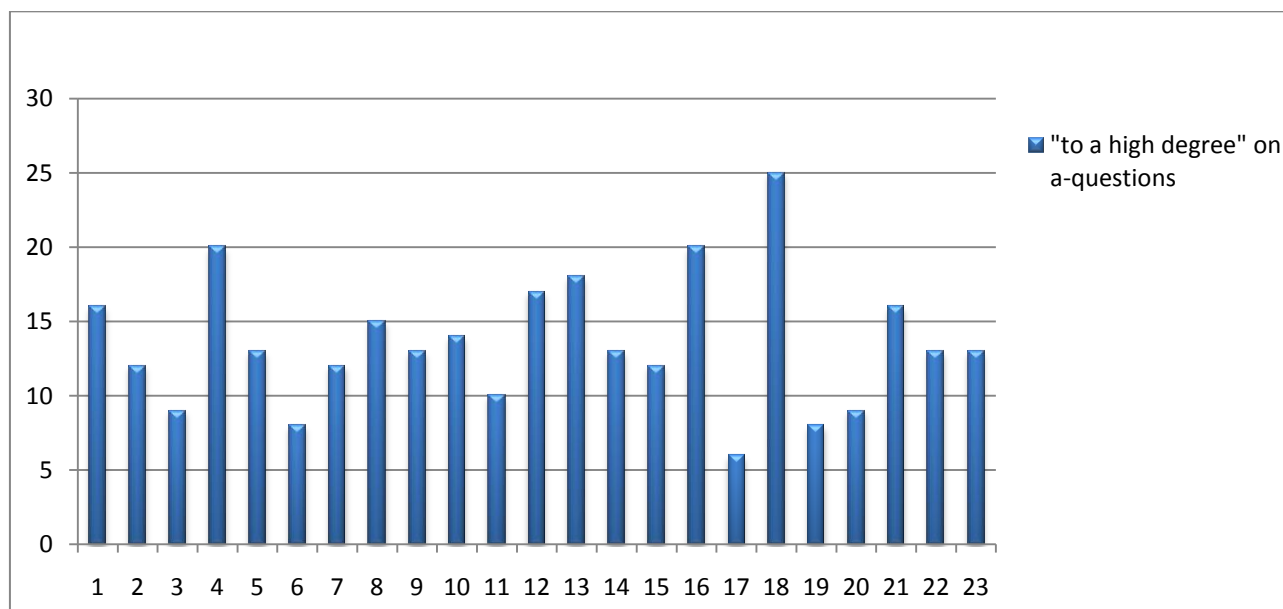


Figure 8: Number of respondents reporting “to a high degree” on each of the 23 competencies

Figure 8 clearly indicates how many music therapists scored “to a high degree” on each of the competencies, and five of the competencies are higher than the rest. Figure 9 shows the same pattern, but as percentages:

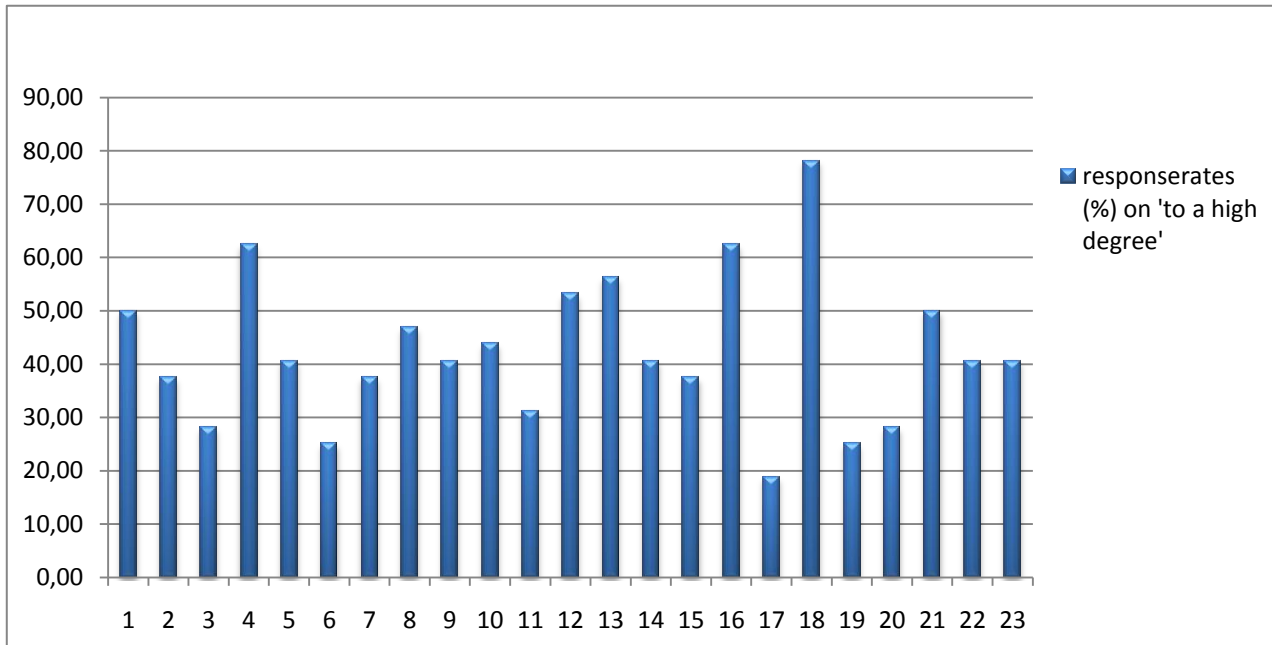


Figure 9: Percentage of respondents that reported “to a high degree” on each of the 23 competencies

8.4.3 The highest mean scores on a-questions

Five competencies of the 23 were scored “to a high degree” by more than 50% of the respondents:

4a: ability to lead music therapy in a flexible way, related to the situation of the here-and-now

12a: ability to meet the client on his or her own terms, and follow the process of the client (relating to his or her specific needs)

13a: ability to conduct the music therapy treatment in accordance with current ethical guidelines

16a: ability to cooperate with other professionals (music therapy as part of a team intervention)

18a: ability to benefit from supervision in relation to music therapy work

These same five competencies have the highest mean scores, which emphasises that they can be distinguished from the others, even though we still have to keep in mind that the mean scores of the remaining competencies are not far below.

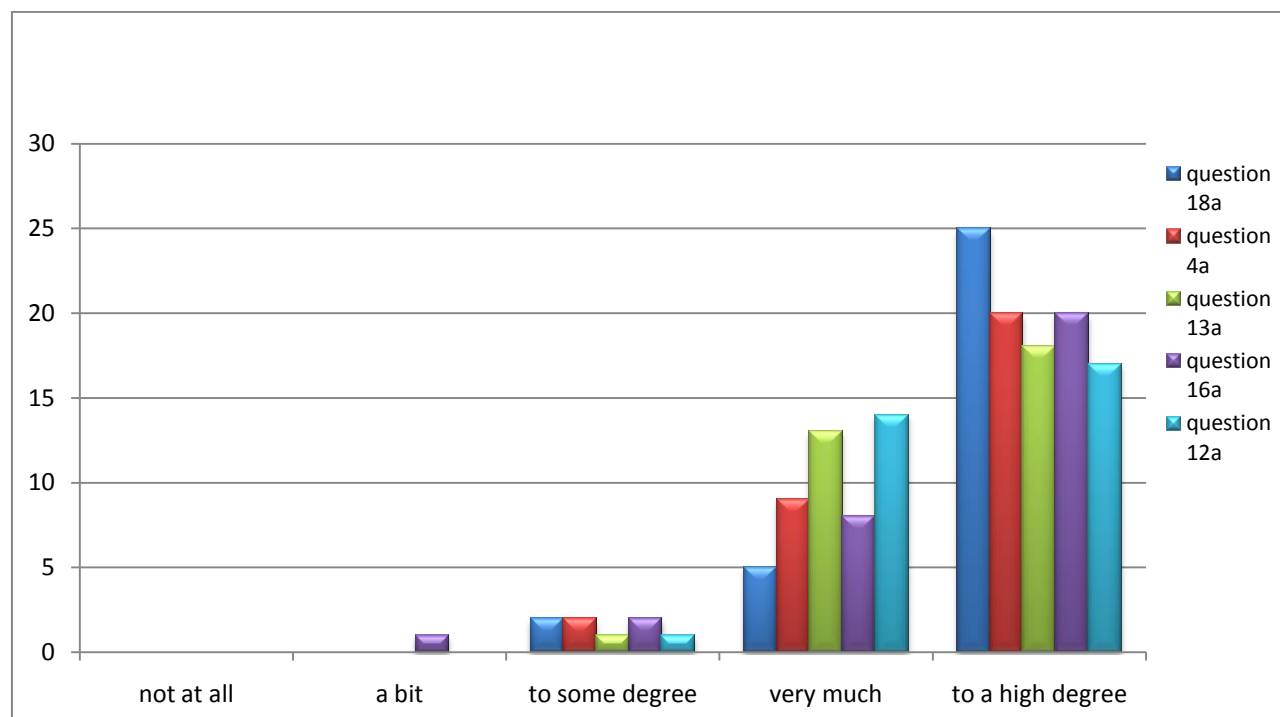


Figure 10: Range of reported scores on the competencies defined under question 4, 12, 13, 16 and 18 ¹⁴¹

8.4.4 The lowest mean scores on a-questions

The lowest mean score was for question 17a, which referred to the competence of using music therapy methods and techniques for teaching (for pedagogical purposes).

In figure 11, question 17a is compared to the highest mean score, which was the competence referred to in question 18a: (“To what degree do you experience benefit or would be able to benefit from supervision in relation to your music therapy work?”)

Question 18a was the competence that most music therapists scored “to a high degree”, and 17a was the competence that the fewest music therapists scored “to a high degree”.

¹⁴¹ One respondent did not answer question 4a, and for question 16a one respondent answered “I don’t know”.

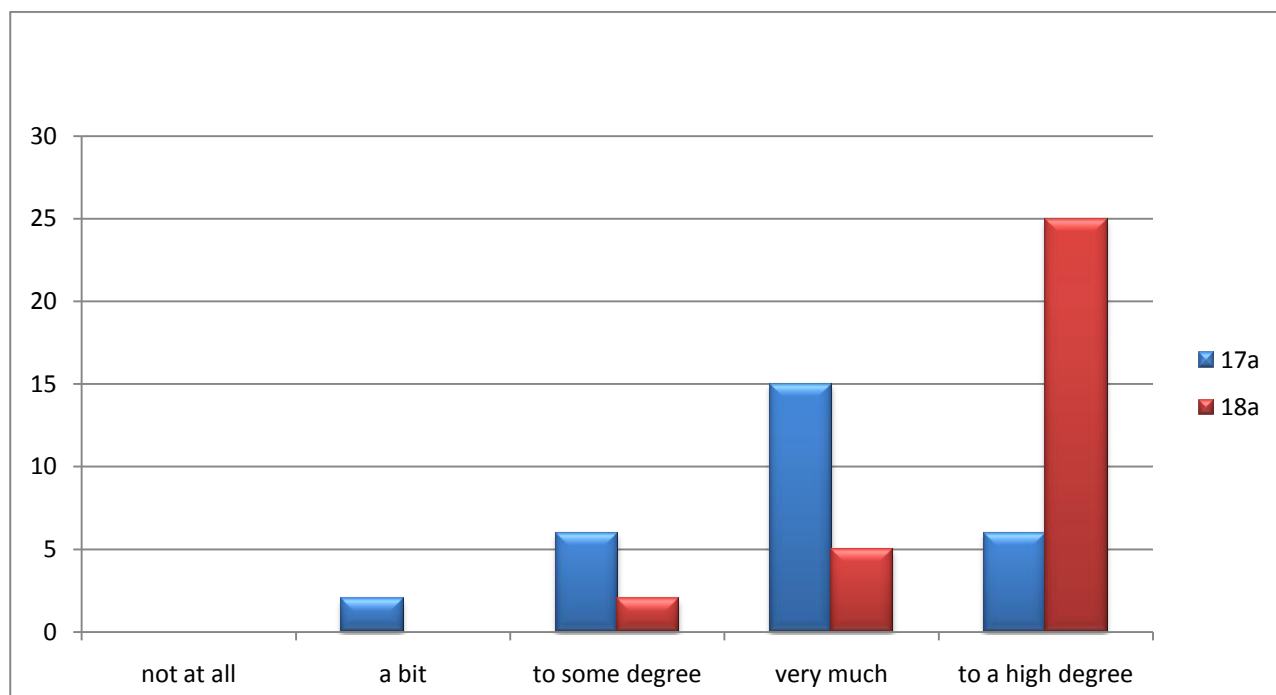


Figure 11: The scores for questions 17a and 18a as representing the lowest and the highest scores of the 23 competencies

Two other competencies had low mean scores: questions 3a and 6a. Question 3a refers to the competence of leading a music therapeutic process according to a structure that is planned beforehand. Question 6a refers to the ability to work with playing rules in music therapy. We can cautiously conclude that the music therapists show lower confidence in their abilities related to the more structured tasks associated with music therapy – with caution because the majority of answers to these three competencies were actually rated in the “very much” category, which is also positive.

None of the respondents answered “not at all” to being in possession of a certain competence, and the category “a bit” was chosen only seven times.¹⁴²

8.4.5 Other noteworthy results from the self-rated competencies

It is interesting to note that 31 of the 32 respondents (96.7%) answered “very much” or “to a high degree”¹⁴³ to the following four questions:

¹⁴² The seven responses were from four respondents and were from six questions (see Excel sheet with basic results in appendix VII).

¹⁴³ In the analysis of the data I chose **not** to combine categories together, e.g. “very much” and “to a high degree” (except for this one example), since this may lead to less transparent reporting, because you will not know how e.g. 80% in the combined category was distributed among the two categories. Furthermore, the responses with the highest

- To what degree do you evaluate yourself as being able to plan and accomplish music therapy in specific institutionalised contexts? (1a)
- To what degree do you evaluate yourself being able to be conscious about and understanding your own role as a music therapist in a typical therapy process (typical for you)? (10a)
- To what degree do you evaluate yourself being able to meet the client on his or her own terms, and follow the process of the client (relating to his or her specific needs) (12a)
- To what degree do you evaluate yourself being able to attend to the music therapy process in accordance with present ethical guidelines? (13a)

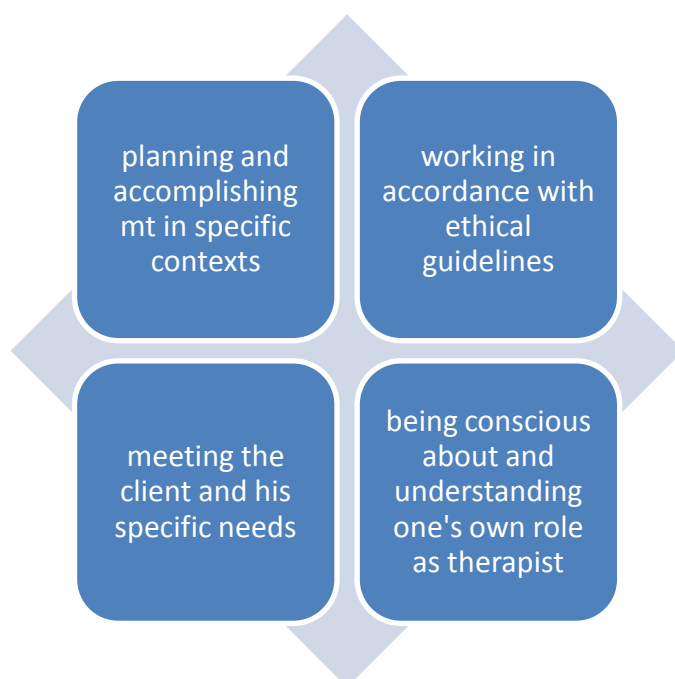


Figure 12: Four competencies as top-scores in respondents' self-evaluation

Two of these questions (12a and 13a) are also in the top-five competencies presented above. It is worth noting that the music therapists in this sample agree when evaluating themselves as extremely competent in the basic area of meeting the specific client according to his or her needs (12a) and working ethically with the client (13a).

One interpretation of this is that these two competencies are the very ground or foundation from which all other clinical competencies can spring, grow and bloom, and because they are so solid

ranking "to a high degree" clearly stand out in this material and 32 respondents provide a large enough sample size to give a clear picture without adding categories.

and strong we see a general picture of a self-confident group of professionals. The same holds for question 10a: the music therapist who is conscious about and understands her own role as therapist in a music therapeutic process has laid the groundwork for providing professional therapeutic treatment on a high level.

8.5 Evaluation of the impact of self-experience on specific clinical competencies

In the questionnaire, every evaluation of a competence (a-questions) was followed by a question in which the music therapist was asked to evaluate the level of impact self-experiential learning has on the development of that specific competence (b-questions).

8.5.1 Mean scores

Figure 13 presents the mean scores for the questions about the impact of self-experience in relation to the competencies.

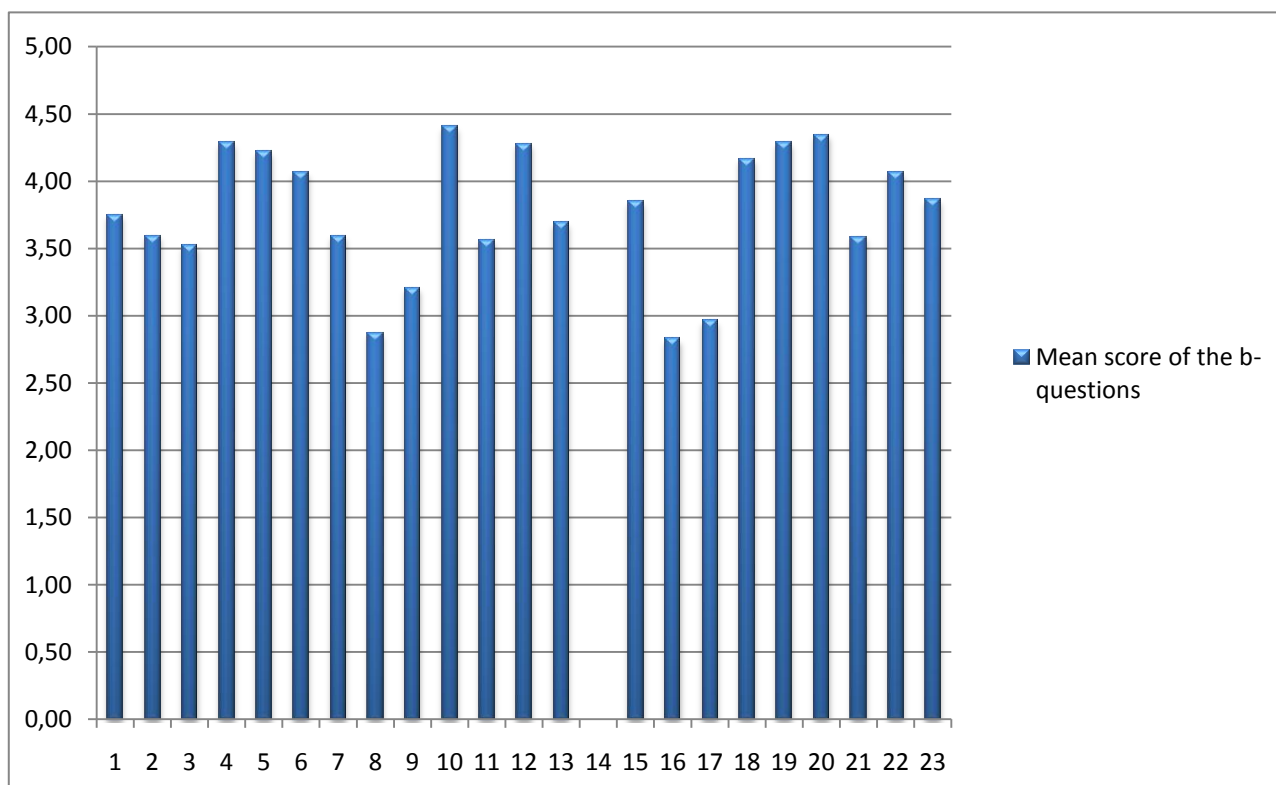


Figure 13: Overall mean scores for the total sample concerning the impact of self-experience on 22 competencies

Note: One a-question, 14a, has no associated b-question, because it was not meaningful to formulate a question about the impact of self-experience in relation to it.

There were more obvious differences across the answers to b-questions than there were for the answers to a-questions; it appears that the respondents find self-experience learning to be more related to some competencies than to others.

8.5.2 Scores on the highest ranking: “to a high degree”

In regards to the highest value (“to a high degree”), again the differences are clearer; we can see that the respondents find some of the competencies to be related “to a high degree” to learning through self-experience:

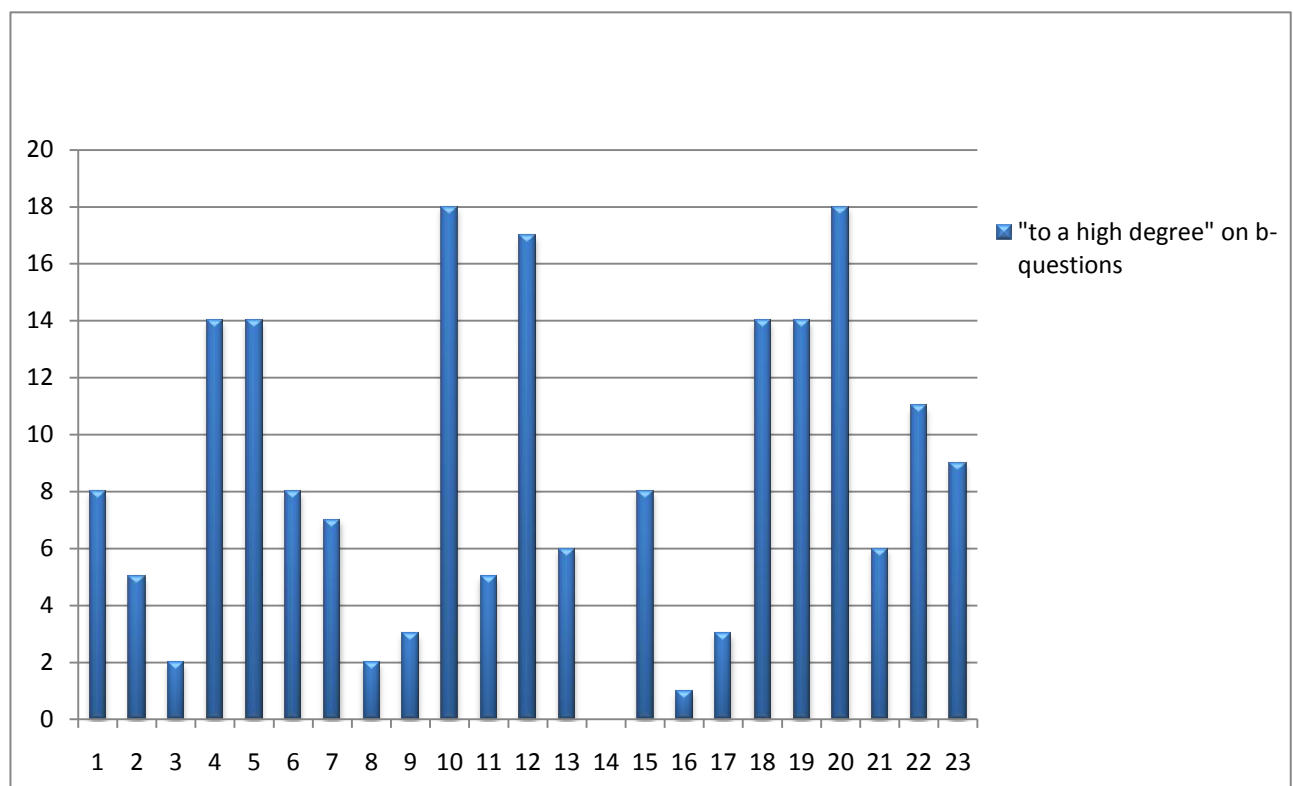


Figure 14: Number of respondents reporting “to a high degree” concerning the impact of self-experience on 22 competencies. Note: question 14 had no b-question.

Figure 15 shows the same pattern, but as percentages:

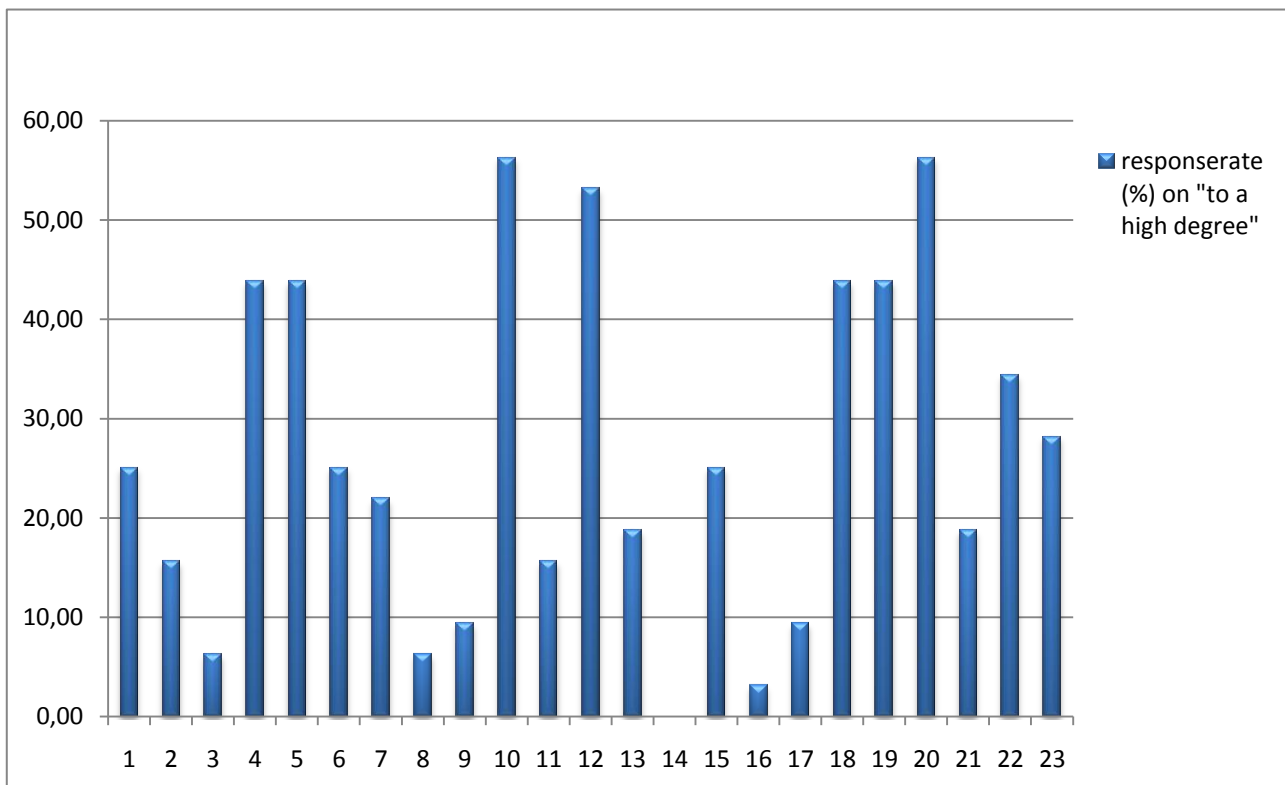


Figure 15: Percentage of respondents that reported “to a high degree” on the influence of self-experience on 22 of the competencies

8.5.3 The highest mean scores on b-questions

Responses to three competencies stand out (10b, 12b and 20b), with more than 50% of the participants answering that learning from self-experience contributed “to a high degree” to that particular competency:

10b: To what degree did your learning from self-experience contribute to your competence regarding being conscious about and understanding your own role as a music therapist?

20b: To what degree did your learning from self-experience contribute to your competence handling and understanding countertransference in a music therapy process?

12b: To what degree did your learning from self-experience contribute to your competence meeting the client on his/her own terms – following the needs of the specific client?

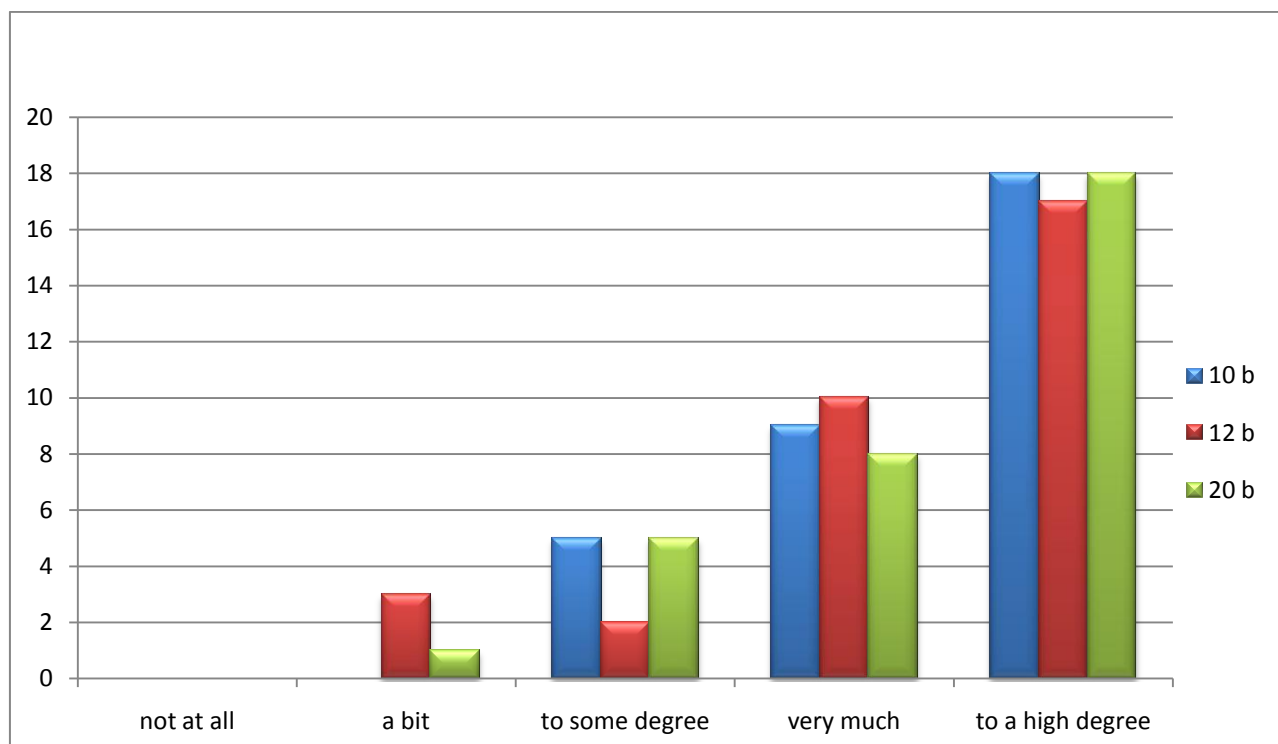


Figure 16: Range of reported scores on the competencies associated with questions 10b, 12b and 20b

Questions 10 and 20 both concern the reflexivity of the therapist, i.e. the ability to be aware of and understand one's own contribution to the therapeutic relationship and the therapeutic process. Self-experience is considered by the participants to have a great impact on these competencies. Further, self-experience contributes a great deal to the ability to meet the client on his own individual terms. Thus, the things that the student therapist experiences with her own body seem to prepare her for self-reflective therapeutic competence, which benefits the client no matter who he or she is.

8.5.4 The lowest mean score on b-questions

The lowest mean score of the b-questions was question 16b. Figure 17 illustrates the highest and the lowest mean scores together:

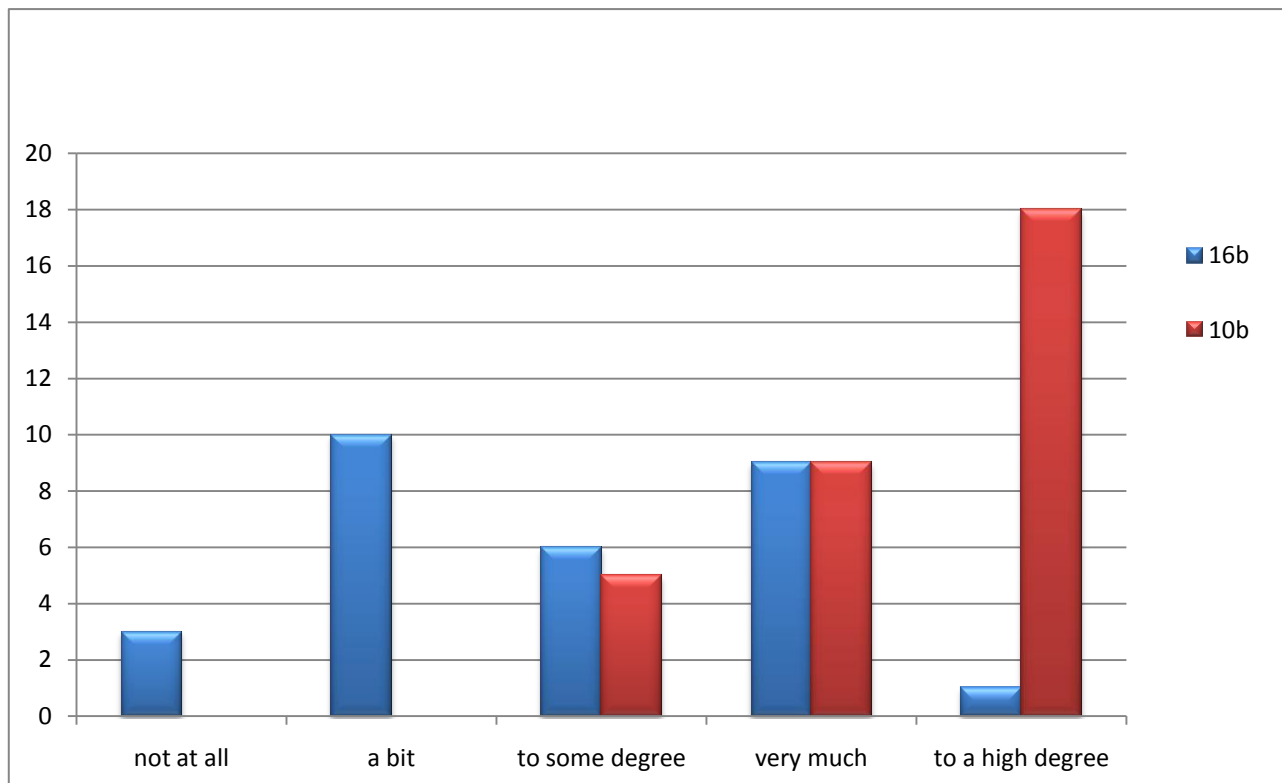


Figure 17: The scores for question 16b and 10b as representing the lowest and the highest scores of the 22 questions about the impact of self-experience on competencies.

As mentioned above, question 10b asks the music therapist to evaluate “the impact of self-experience on competence for understanding one’s own role as therapist in a music therapy process”. And 16b is an evaluation of “the impact of self-experience on the competence of cooperating with other professionals”. In contrast to beliefs about cooperating with other professionals (16b), the respondents believed that the competence of “communicating in writing about music therapeutic processes to colleagues and other collaborative partners” (8b) had the least to do with self-experiential learning in comparison to other competencies. Again, this is related to an extroverted communication skill, which the majority of respondents do not consider to be related to the learning gained from self-experience.

8.6 Relationship between a- and b-questions

In section 8.5.4, the competence of cooperating with other professionals was mentioned (16). In the section about highest mean scores on a-questions (8.4.3) we saw that cooperation with other professionals is a competence that music therapists feel highly confident about. However, they do

not suggest that self-experience has much influence on this skill. Question 16b had the lowest mean score, which means that answers to questions 16a and 16b represent they greatest distance between a and b responses:

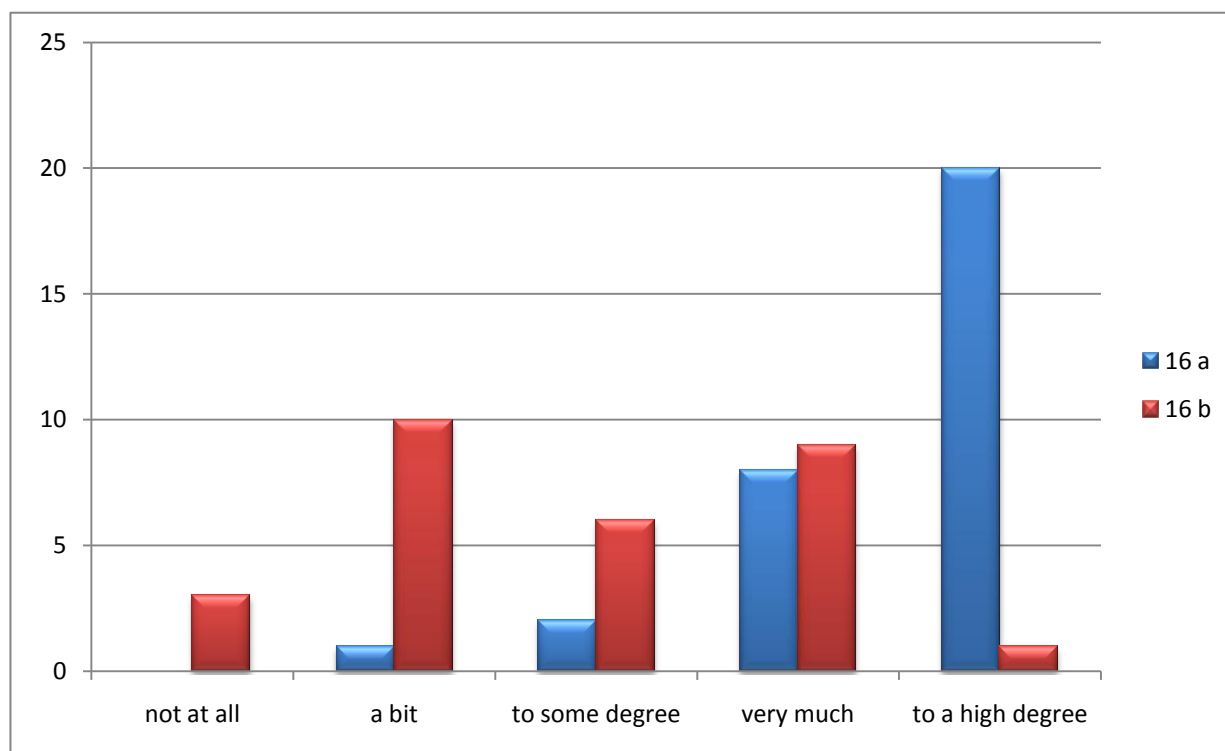


Figure 18: A comparison of the self-evaluation of the competency represented in question 16a and the influence of self-experience on the development of that competency

One possible interpretation is that music therapists find they learn to cooperate through means other than self-experience, probably other subjects of the programme are more helpful in this context – for example the practicum experiences, and also work experience after graduation will more than likely gradually built up cooperation skills.

8.6.1 Mean differences between a and b

It is interesting to compare the mean scores of all the competencies represented in the a- and b-questions respectively. The chart below illustrates the highly positive self-evaluation of the music therapist participants. Further, the evaluation of the impact of self-experience shows more variability, but on many of the competencies self-experience learning is evaluated to have an important influence.

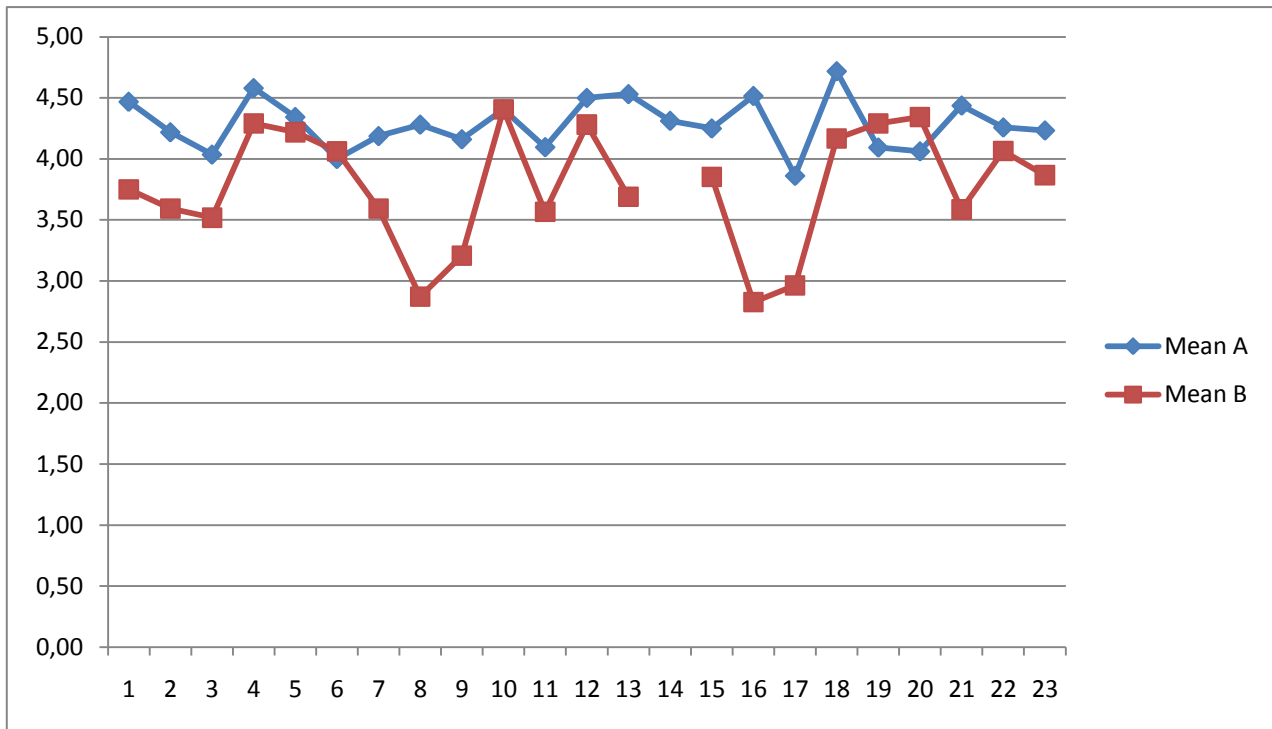


Figure 19: A comparison of the mean scores for all questions (a and b) related to the 23 competencies. Note: question 14 does not have a b-question.

8.7 Comparing answers according to amount of experience

The 32 respondents were assigned to one of two groups based on amount of experience: 17 respondents had up to 3 years of experience (group 1) and 15 participants had more than 3 years of experience (group 2) (see sheet in Appendix VII p. 457-458).

The mean scores for all questions are compared across the two groups in figures 20 and 21. In the figure 20, it is possible to compare the scores of the two groups in relation to their self-evaluation of their clinical competence (a-questions) and in figure 21 in relation to their self-evaluation of the impact of self-experience on the development of the specific clinical competencies (b-questions).

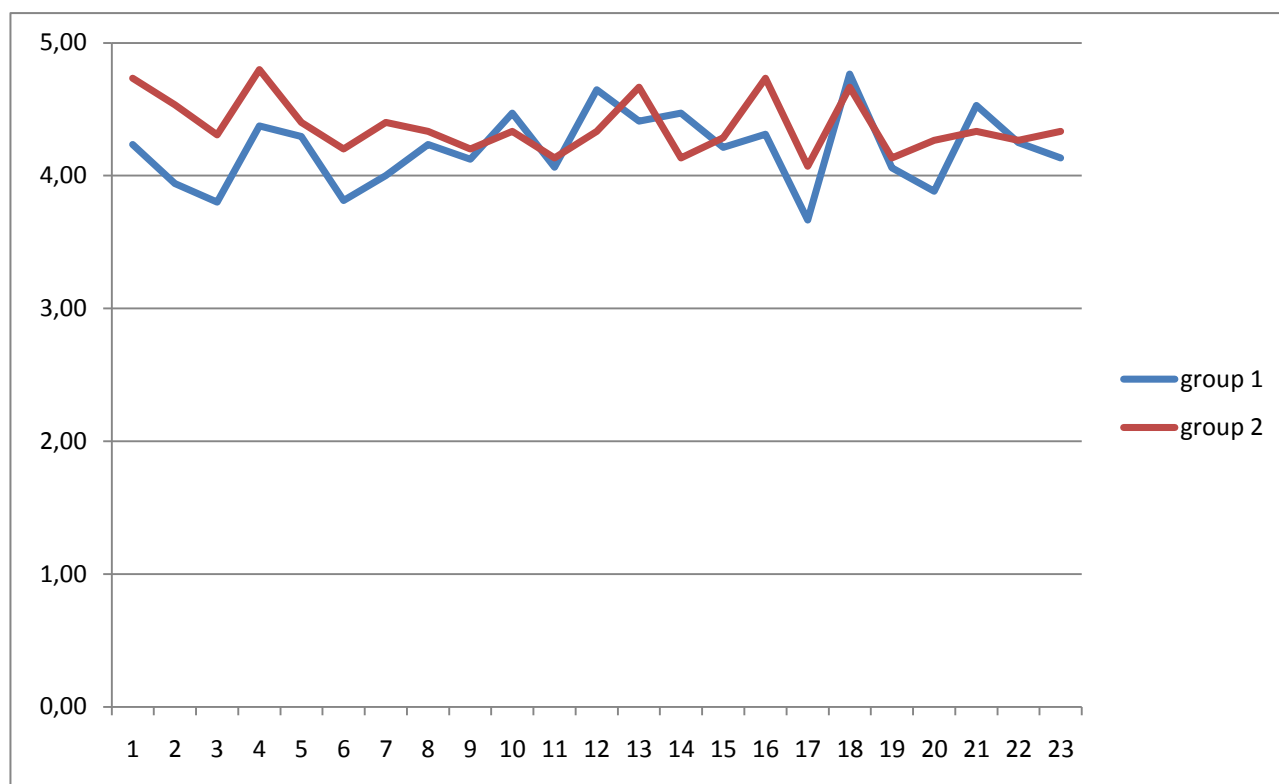


Figure 20: Mean responses of participants with up to 3 years of experience (group 1) compared with mean responses of participants with more than 3 years of experience (group 2) to questions related to competencies

As evident in figure 16, the respondents' evaluations of their clinical competencies indicate that the two groups seem to be very similar; they almost agree completely on 7 of the questions.¹⁴⁴ For 12 of the questions, group 2 scores just a bit higher than group 1 does, and group 1 scores a bit higher on just 3 of the competencies. Thus there is a tendency for members of the group with more clinical experience to evaluate their own competencies just a little bit higher than those respondents with less clinical experience. It is a plausible and meaningful result; music therapists with more experience feel a bit more confident than those with less experience. For example, question 14a about integrating personal experiences from being in the client position in a therapeutic identity is scored a bit higher by group 1. This might be due to the fact that experiences from being in the client position (in the university programme) are more easily called to mind by the respondents in group 1, who are closer (in time) to the training; therefore, it is easier for them to recognise this aspect as integrated in therapeutic identity. Another example is the clear difference between the two groups in answering question 4a, which is about the competence of handling music therapy in a flexible manner – following the here-and-now

¹⁴⁴ By my definition, group 1 and 2 agree when the calculated difference between the means is less than 0.1.

situation. The respondents with most experience are extremely confident in this area with a mean score of 4.80. The result fits with what Dreyfus describes concerning development of expertise: with more experience the clinician works more flexibly and intuitively (Dreyfus & Dreyfus, 1986). But a very interesting overall impression from these results is that the groups have very similar responses, and the less experienced people show almost the same level of confidence. This is a point I will come back to in the discussion chapter (see p. 295ff).

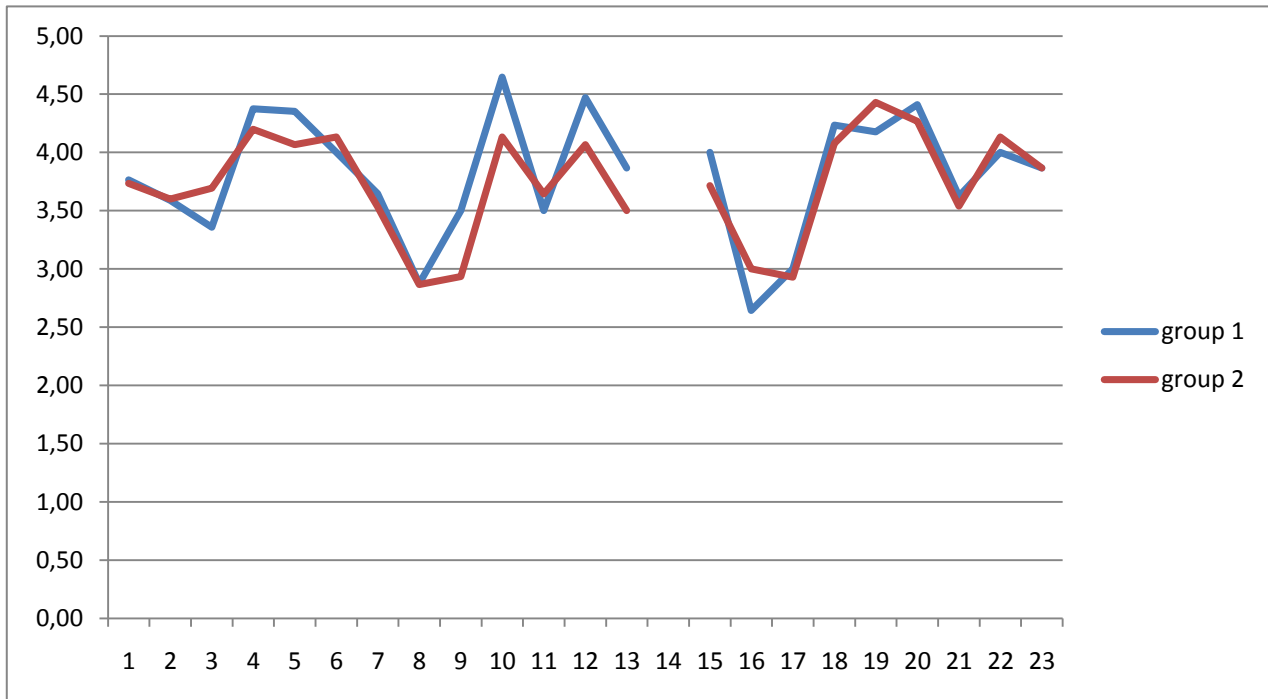


Figure 21: Mean responses of participants with up to 3 years of experience (group 1) compared with mean responses of participants with more than 3 years of experience (group 2) to questions related to the influence of self-experience on competencies

Looking at figure 21, which illustrates the mean scores of b-questions across the two groups, again the two groups are in close agreement even though the evaluation of the impact of self-experience is shows more variation; they answer almost equally on 6 questions. Further, group 1 answers a bit higher than group 2 does in relation to 11 questions, whereas group 2 answers a bit higher than group 1 does on 6 questions. Thus, the slight tendency apparent in the comparison of the two groups is that respondents with the most experience (group 2) consider self-experience to have less impact on the development of competencies than does group 1, which consists of respondents with less clinical experience. Again there are not big differences that characterise the comparison, but there is an interesting tendency, which might be due to the fact that over the years

of experience, many factors do have continuous impact on the ongoing development of competencies, and educational foundations fade more into the background.

8.7.1 Responses of “I don’t know”

All the questions in the questionnaire allowed for respondents to choose the answer “I don’t know”. This response was chosen 48 times (for 3% of the questions). For the a-questions, this occurred 15 times and for the b-questions this choice was made 33 times. Thus, it seems that the questions concerning how much self-experience influences the development of competencies are more difficult to answer than the self-evaluation questions. Furthermore, 37 of the 48 times “I don’t know” was used by group 1 members, which might indicate that the respondents with more clinical experience are more confident in their answers.¹⁴⁵ The question that got the highest number of “I don’t know” was number 15; 4 respondents answered “I don’t know” to 15a (3 of them were respondents from group 1) and 5 answered “I don’t know” to 15b (4 of them were from group 1). Question 15a refers to the ability to undertake music therapy treatment as “primary” treatment, i.e., music therapy as the only therapeutic intervention, and 15b is the evaluation of the impact of self-experience. The reason 4 to 5 people had no answer to give might be due to the fact that they work with music therapy in a multidisciplinary team, and thus they have never tried to work with music therapy as the only intervention. Again, it is mostly respondents in group 1 (with less clinical experience), who do not know how to evaluate this competence.

Further, 7 questions were left blank.

8.8 Construction of scales

Following these analysis based on answers to the individual a- and b-questions, I will now continue with analyses that are based on a- or b-questions as entire sets. Here we are looking from a different perspective, examining the results in *total* for each “scale” (i.e., all a- or all b-questions).

In this section, we will first explore whether reliable scales *can* be constructed from the items of the A and B categories, respectively. If reliable scales can be constructed, these scales will then be used to further explore the question of a statistical relationship (correlation) between self-

¹⁴⁵ Of the 48 times “I don’t know” was used, 29 of the occurrences were from 4 respondents, and 19 occurrences were more spread across respondents.

perceived clinical competence (scale A) and self-perceived helpfulness of the self-experience to attain these competencies (scale B).

8.8.1 Reliability of scales A and B

Internal consistency (Cronbach's alpha) reflects the degree to which the items of a scale are one-dimensional, that is, how plausible it is that all the items reflect the same underlying dimension or theme. As with a correlation coefficient, a Cronbach's alpha of 1.0 reflects “perfect agreement” between the items and 0 reflects only “randomness”.

Table 20: Internal consistency of scales A and B

Scale	Valid <i>n</i>	No. of items	Cronbach's alpha
A: competencies	22	23	0.89
B: impact of self-experience	20	22	0.88

Table note: “Valid *n*” refers to the number of **complete** responses, i.e., all items (questions) were answered by the respondent, either all a-questions or all b-questions (see data sheet in Appendix VII, p. 457).¹⁴⁶

This analysis indicated a high level of internal consistency; a Chronbach’s alpha of 0.89 on scale A and 0.88 on scale B, which suggests that the items are connected and work well as a scale. Therefore, I constructed total scales based on the sums of all items from each category. The histograms below show the distributions of the two scales. Both scales extend over a considerable range of values¹⁴⁷ and do not appear to be skewed. This suggests that parametric statistical methods can be used.

¹⁴⁶ The fact that only 22 and 20 cases are usable in the present analysis is different than the item-based analysis I did, where none of the 32 responses were excluded. (I only excluded them in those item-calculations where they responded “I don’t know” or did not respond at all).

¹⁴⁷ Because “not at all” is worth 1 point and “to a high degree” is worth 5 points, the lowest possible total value is $23 \times 1 = 23$ points, and the highest possible value is $23 \times 5 = 115$ points.

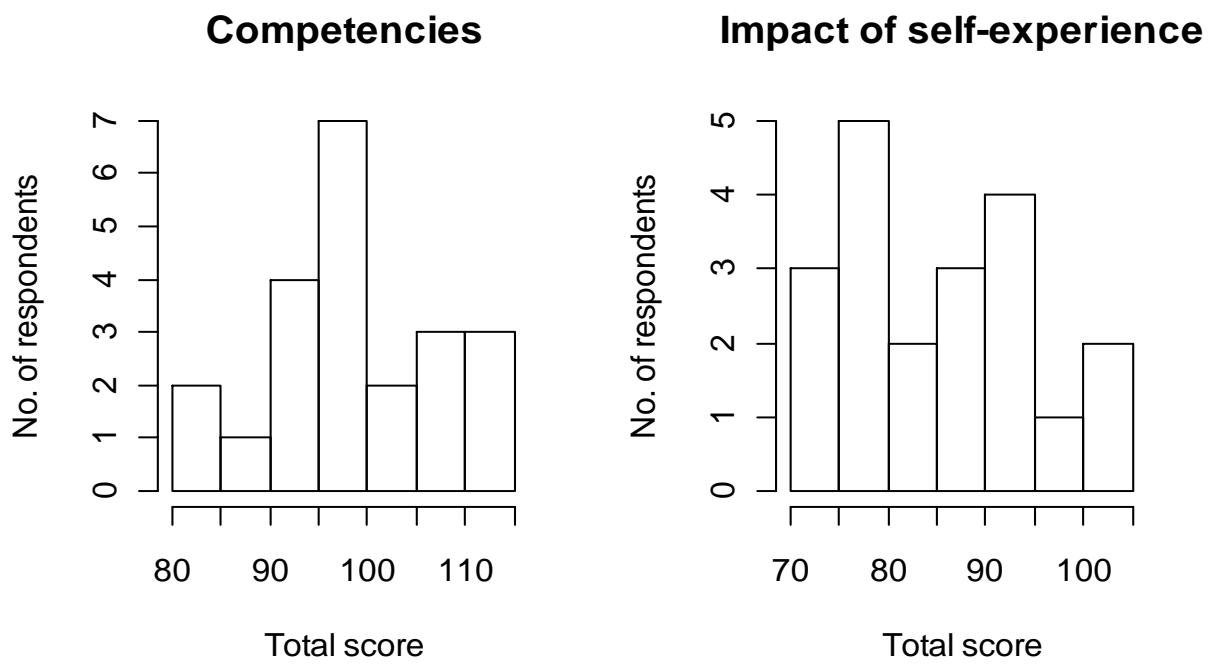


Figure 22: Histograms illustrating distributions of values in the two scales

8.8.2 Relationship between competencies and impact of self-experience

Having built scales that reflect the underlying concepts of “self-evaluated clinical competence” (scale A) and “self-evaluated helpfulness of self-experience” (scale B), it is now possible to examine the relationship between scales A and B. Figure 23 presents this relationship. Again, it only includes the 18 complete responses¹⁴⁸. Individual respondents are shown as points and the overall tendency is shown as the dotted line.

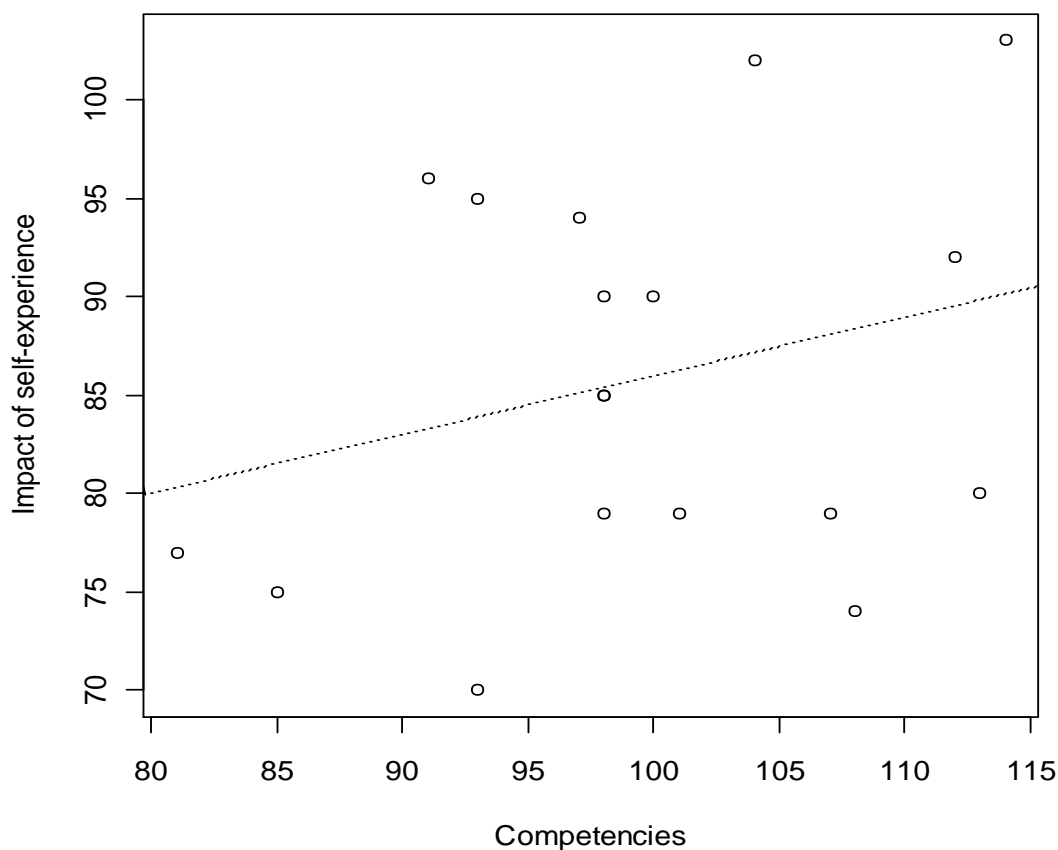


Figure 23: Relationship between scale A (competencies) and scale B (impact of self-experience)

The overall pattern of the points seems to indicate a positive relationship between scale A and scale B, i.e., if A is higher, B also tends to be higher. This is also suggested by the ascending line, which shows the tendency towards a linear relationship between scale A and scale B.

¹⁴⁸ For scale A, 22 responses were valid and for scale B, 20 responses were valid, but some respondents who answered all items on scale A did not complete scale B and vice versa, so the number of valid responses is 18. Note that two respondents are so close (near the dotted line) that it looks like there are only 17 respondents.

Further, the statistical relationship between scale A and scale B was examined with a correlational analysis: Pearson's product-moment correlation. The Pearson correlation coefficient was positive, $r = 0.28$ (95% Confidence Interval: -0.22 to 0.66, p -value = 0.26). A correlation coefficient of 0.28 suggests a moderately strong positive relationship between scale A and scale B. The correlation was not statistically significant though, but this may have been due to the small sample size. As mentioned, only 18 respondents had complete information for both scale A and scale B, and only those 18 could be used for this analysis. Still, the results do show a tendency in the data; when clinical competence is rated higher, the value of self-experience is also rated higher. Thus, the correlation coefficient confirms what was seen in the graphical presentation above (figure 23).

8.8.3 Comparing results according to length of experience

Figure 24 shows a display of the data similar to figure 23, but this time each respondent is marked according to his/her clinical experience. Those with greater experience (shown as triangles) seemed to rate themselves higher on scale A as well as on scale B, though we do also see some overlap. However, the linear tendency itself (the relationship between scale A and scale B) did not seem to depend on the amount of experience.

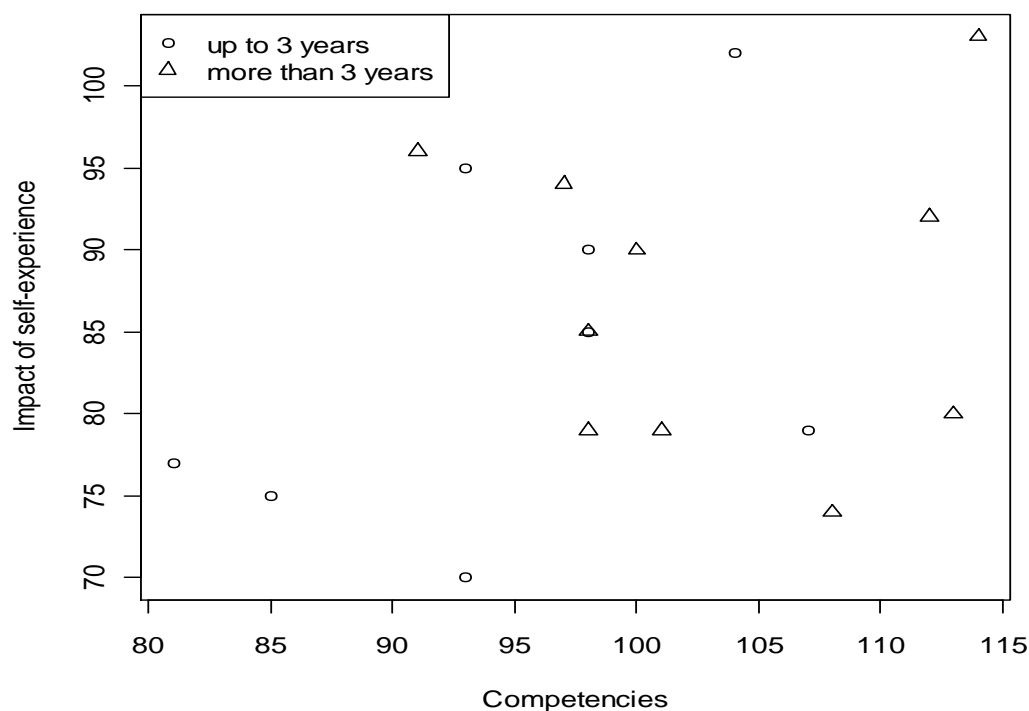


Figure 24: Relationship between scale A and scale B, and between the two groups (group 1 with up to 3 years of experience and group 2 with more than 3 years of experience)

Below shows Table 2 the same data numerically with calculations of means (M) and standard deviations (SD) of scale A and scale B in each of the two groups. Again, we see that the values of scale A were somewhat higher in those who had more experience – by 5 points on average. The values of scale B also tended to be marginally higher in that group – by only 2 points on average.

Table 21: Means and standard deviations of scale A (competencies) and scale B (impact of self-experience) - by length of experience

	A		B	
Groups	Valid n	M (SD)	Valid n	M (SD)
Up to 3 years	10	96.10 (8.54)	10	85.50 (10.15)
More than 3 years	12	101.17 (8.63)	10	87.20 (9.25)

8.9 Comments on the comparison of results concerning the two types of statistical analyses

At the beginning of this chapter, the statistical analyses were based on individual questions. This was followed (in section 8.8) by the analyses based on total scores. Some results are consistent and thus support and confirm each other. On one point, however they indicate different tendencies, and furthermore the analyses of the total scores present some new results. In the following I will briefly comment on these observations.

8.9.1 Different tendencies in the results

In the comparison of scores between the two groups, those with more experience (group 2) seemed to rate themselves higher as indicated by scores on scale A and scale B in the analysis of the total scales. With regard to the scale A, this confirms what we already knew (see figure 23). But with regard to the scale B, the results are counter to what was found by calculating the mean scores of the respondents in the two groups. Here the tendency was for group 1 to be rated higher than group 2 on a majority of b-questions (see figure 21). The reason for this incongruence could be that only half of the respondents had valid data to be used for the analysis of the total scores, and because it is another kind of calculation. The incongruence may also confirm that the tendencies that we find in the analysis of the data in relation to the differences between the two

groups, at least in relation to the question of the impact of self-experience, are overlapping and rather unsure; the evaluations of the two groups are close to each other.

8.9.2 New points to consider

To sum up the analyses of the total scores (section 8.8), we first can note that it was confirmed that the scales comprised of a- and b-questions had high levels of internal consistency. Further the histograms illustrated that both scales extended over a considerable range of values and did not appear to be skewed. Analyses of the relationship between scale A and scale B suggested an overall pattern (for both groups 1 and 2); when scores on scale A were higher, scores on scale B also tended to be higher. This tendency was confirmed by the analysis of the Pearson correlation. The correlation was not statistically significant, but showed a tendency towards a positive relationship. This overall tendency did not appear in the item-based analyses. This result confirms that there is a relationship between clinical competence and self-experience in training. Maybe it points out that self-experience in training builds up clinical competence of the future music therapist, and at the same time it generally helps self-confidence to increase.

8.10 Battery of questions (question 24)

Question 24 of the questionnaire asks respondents to evaluate the impact of different elements in the educational programme on how they coped with their most recent clinical music therapy tasks. Subjects used a scale ranging from “very negative” influence to “very positive” influence, with “neutral” in the middle (see Appendix VII p. 455). The practicum-experience got the highest scores with 81.3% (26 respondents) responding that their practicum had a very positive influence. Concerning clinical supervision and inter-therapy, 74.2% and 71.9% respectively answered it had a “very positive” influence on their most recent clinical tasks. Also the clinical group music therapy skills (*KGMF*) were highly rated, with 68.8% answering that *KGMF* had a “very positive” influence. A “neutral” rating (neither negative nor positive influence) was chosen by 31.3% ($n=10$) of the respondents in relation to intuitive music/graphic notation and by 28.1% ($n=9$) of the respondents in relation to basic piano skills. One respondent reported that group leading had a “negative influence” and one respondent reported that voice work had a “negative influence”.¹⁴⁹ But overall, the self-experiential subjects and the subjects closely related to experiences with

¹⁴⁹ One of the respondents, who was not in the convenience sample, answered that group music therapy had a “very negative” influence and another answered that group music therapy had a “negative” influence on coping with the most recent music therapy task.

clinical work (*KGMF*), supervision and practicum experience) were evaluated as having a very positive influence on coping with recent clinical music therapy tasks. Figure 25 illustrates the distribution of answers, and it is clearly dominated by “positive” and “very positive” influence.

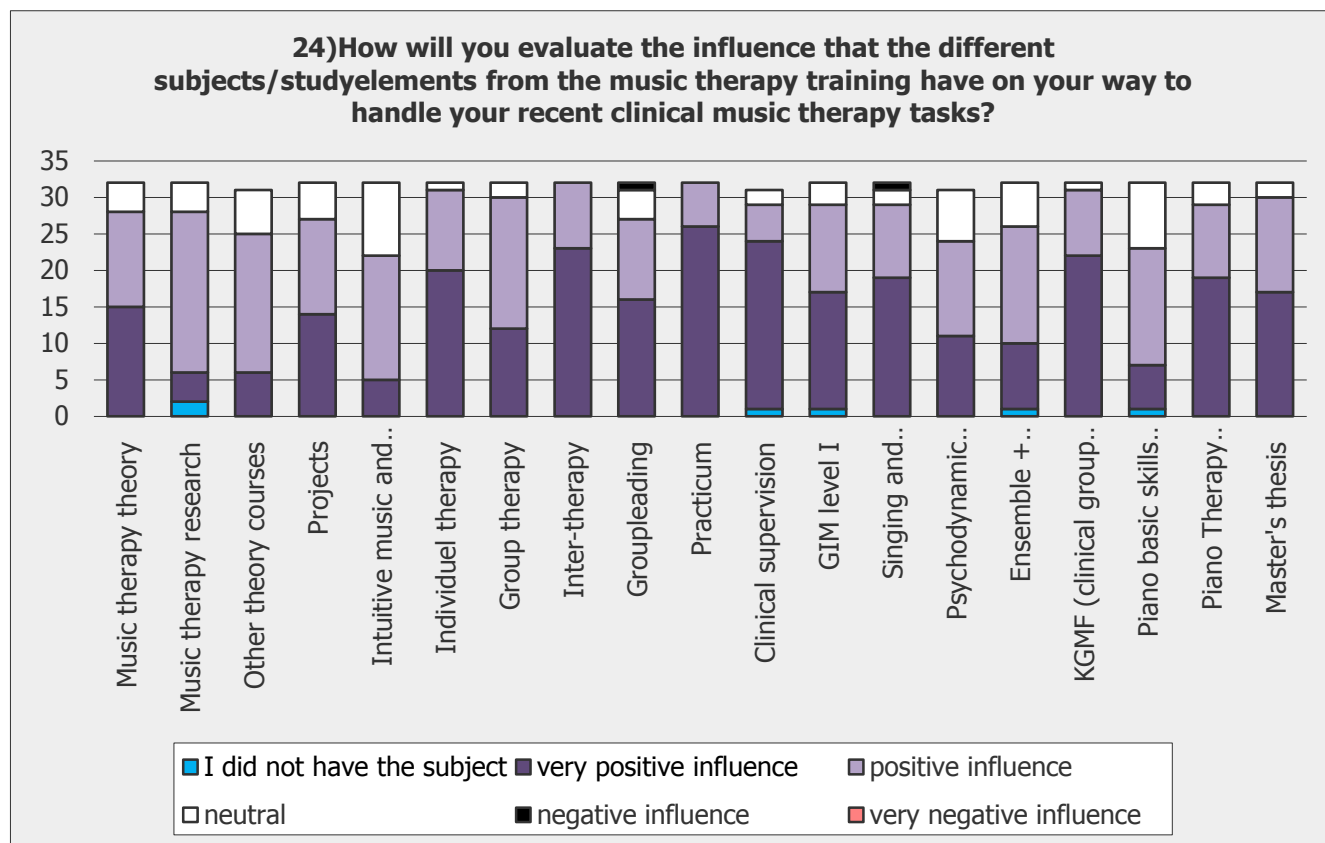


Figure 25: Number of respondents evaluating the influence of subjects/study elements in training programme on their way of handling recent clinical music therapy tasks (question 24)

It is important to remember, though, that the training courses are composite; they are a part of a whole, leading to each other, functioning as building blocks for each other. For example, the results from question 24 show that inter-therapy is the most useful subject in relation to recent music therapeutic tasks. And I do believe the convincing result, for example, that the learning gained from inter-therapy has a very positive influence on how a music therapist manages the challenges in the treatment process. But individual therapy, group therapy and other training elements are there to prepare for the possible learning in inter-therapy. Thus it is difficult to completely isolate subjects. The training course must be evaluated as a whole. It was previously noted that 31 respondents out of 32 evaluated “very much” or “to a high degree” to question 10a: To what degree do you evaluate yourself being able to be conscious about and understanding your

own role as a music therapist, in a (for you) typical therapy process? I do think that many theoretical lessons, the reading of literature and report writing for projects are a part of this competence, as well as the self-experience that strongly contributes to the development of this reflective competence.

8.11 Answers to question 25 and 26

In question number 25 and 26 participants were asked to evaluate if the self-experiential training had an impact on their personal development during training and on their personal development after graduation respectively. The questions focused specifically on the personal development component besides the professional development component that the students had achieved. All participants gave their response to the questions and the results showed that the music therapists had strongest experience of a personal gain during the training phase (43,8% answering “to a high degree” and 34,4% answering “very much”). However, concerning personal gain from the self-experiential training after graduation the answers were positive as well (37,5% answering “to a high degree” and 34,4% answering “very much”), with only 2 out of 32 professionals responding that they had experienced none or just a little influence from self-experience on their personal development after graduation.

8.12 Qualitative comments provided by respondents in the questionnaire

In the following section I will present the qualitative comments provided by respondents in relation to questions 14, 27, 28, and 29. Some of the comments I will reflect upon and address with results from the questionnaire. The comments from the respondents are presented in italics. In question number 14a, the respondents were asked to evaluate to what degree they have found themselves able to integrate personal experiences of being a client into their professional identity as a therapist. In this sample, 90.6% answered “very much” or “to a high degree”. Three respondents (9.4%) answered “to some degree”. (The mean scores for a-questions were illustrated in figure 7, p. 260.) The respondents also had the option of writing a comment in relation to question 14, and a few respondents chose to do so. The comments pointed out the following issues:

- *self-experience has contributed to the development of a basic structure (of the self), which later made it possible to mirror and attune to the client's perspective*

- *it is very important to step in and out of the therapist role - as learned in inter-therapy*
- *it is important to reflect upon the issue of integrating personal experiences from being a client into the professional identity as therapist - and it would be fine to have the possibility of reflecting together with supervisors in the programme*
- *different sorts of therapy after graduation also offer a great deal to the development of professional therapeutic identity*

In question number 27, the respondents were asked if they had any further comments in regards to specific questions in the questionnaire. Six participants responded to the question, commenting on several things:

- *One respondent who had skipped **the introductory question** (asking if the respondent would be able to work at the same clinical level without self-experience as a part of the training in music therapy) commented that the answer would depend on which kind of music therapy and which client group the music therapist is working with: if it is a psychodynamic way of working with a focus on experience and insight, the answer would clearly be “no”. But if the clinical area is more pedagogical, it is rather KGMF that has had an impact on development of the relevant competence. Also, **question number 3** was not answered since it didn’t give any meaning to this respondent: the respondent found that a music therapy process can never be guided with a structure planned beforehand – the process has to be adjusted to the client.*

Reflection: As the questionnaire results show, the respondents believe that self-experience contributes strongly to the development of the ability to meet the client on his/her own terms (12b) (see p. 268). I would say that exactly because of the uniqueness of each client and the need to be competent enough to adjust the approach according to the specific client and the concrete situation, the music therapist is better served with learning from self-experience than without.

- *Questions 8 and 9 are about the documentation of music therapy in writing and verbally, but many work places are not interested in a psychodynamic way of thinking, and therefore music therapists cannot always meet the orientation of the institution.*

Reflection: In relation to questions 8 and 9, the results show that the respondents actually evaluated themselves as rather competent in this area (see figure 7, p. 260), so from this

perspective it does not seem to be a serious problem for the participating music therapists to meet the orientation of their work places.

- *Voice work, intuitive music and “clinical group music therapy skills” (KGMF) are subjects that also had an impact on the development of several clinical competencies.*

Reflection: The current questionnaire focused on that part of the experiential learning in which the student entered the role as client, but of course it is difficult to draw a clear line when it comes to self-experience. And furthermore the development of clinical competence is a complex process with many elements involved. The question about the focus of the current study will be addressed in the discussion (p.328).

- *In relation to question 5, about the ability to analyse dynamics and problems in a music therapy process, one respondent indicated that “in some clinical work places you do not use countertransference” – and the respondent asked for increased consciousness about our axioms in the music therapy field.*

Reflection: Question 5 asks “to what degree do you find yourself able to analyze the dynamics or the problems that occur in a music therapy process?” The results indicate that a majority of the music therapists in the sample reported they are very competent in this area and also that self-experience has an impact on this competence. As reported above one respondent pointed out that music therapists might meet other discourses in the field and psychodynamic terms may not be usable everywhere. It is worth noting that findings from the questionnaire also show that the music therapists in the sample feel very competent concerning cooperation with other professionals (question 16), which may indicate that terminology is not an extensive problem.

- *Life-experiences from meeting many different people also help with “containing” and developing relationship with clients (related to question 21 in the questionnaire).*

Reflection: This is an important issue; as I mentioned above, the questionnaire had a limited focus, and certainly life-experiences, clinical experiences included, may help to develop therapeutic competencies. As related to question 14, new experiences continuously have an impact on therapeutic identity.

- *One respondent commented that he/she experienced inter-therapy as the most important subject in the programme.*

Reflection: Inter-therapy was rated by all respondents to have either “a positive” or “a very positive” influence on how they cope with the clinical tasks of their work.

- *One respondent expressed that he/she needed more weight on pedagogical views in the programme and would have liked to learn more about how to plan sessions in different ways according to different client groups.*

Reflection: According to the results of the questionnaire as a whole, this comment might be related to the results showing that the respondents feel less competent in the areas of pedagogical purposes or structured music therapy tasks (questions number 3a, 6a, and 17a).

In question number 28, the respondents were asked if self-experiences in the programme had any influences on them as people or impacted their music therapy work in ways in which the questionnaire did not address. Again, six respondents had something to say about this and it seems that their comments equally point to pros and cons in relation to self-experience. Figure 23 presents a flow chart that illustrates these contradictory remarks:

- *One respondent reported about negative experiences related to an evaluation of some of the teachers in the programme. These teachers used non-pedagogically sound methods, which hindered the well-being of several students and may have damaged the development of their self-confidence as future music therapists. Paradoxically, some constructive things also came out of the negative experiences, since the respondent now simply does the opposite thing in her clinical work, i.e., opposite of the teachers' poor examples.*
- *One respondent had the experience of feeling very unclear about him/herself in relation to self-experience in the program – needing to get help which was not met. It was several years after graduation when it became possible to feel his/her own borders, since the therapy in the programme made him/her too flexible in relation to clients.*
- *One respondent found that self-experience was crucial to his/her feeling of being able to handle clinical tasks.*
- *One respondent participates in group therapy today, and it is clear to him/her that it is an entirely different situation when you are not in the group to learn or to be evaluated. Further, it has become clear also that a lot of development has happened since his/her time as a music therapy student, and with the self-experience as a background the respondent is now able to do a lot of reflecting about the role of the therapist.*

- *One respondent made a similar comment – self-experience in the music therapy programme laid the ground for a therapy process later on, which caused tremendous development of his/her professional identity*
- *One respondent pointed to what had been essential for her to learn through self-experience: to experience and to sense, and to be present in the unpredictable here-and-now*

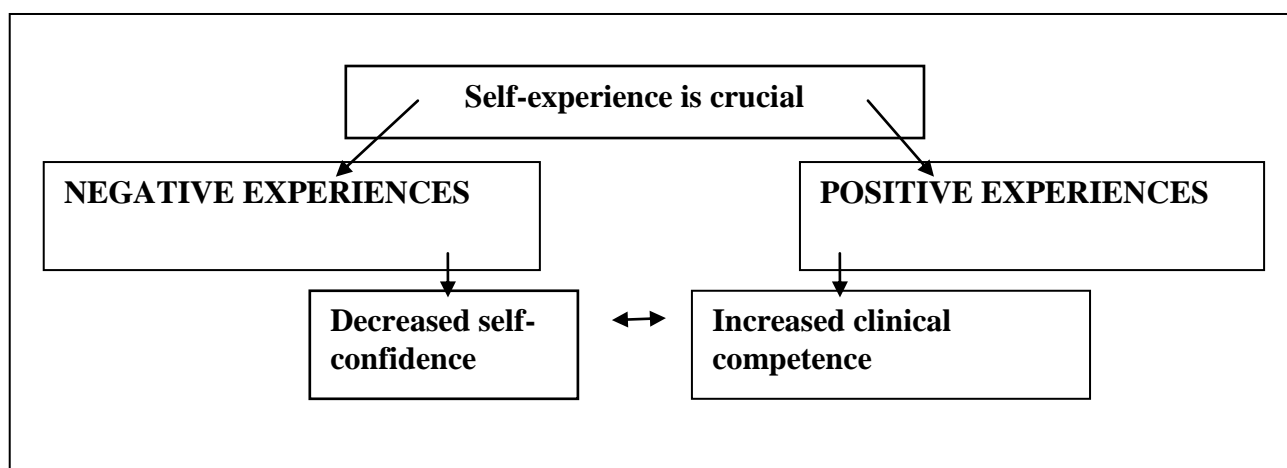


Figure 26: Opposite themes about the impact of self-experience brought up by respondents in qualitative comments to question 28

As illustrated in figure 26, the comments from respondents pointed in both negative and positive directions. If self-experience contributes to negative experiences in the learning processes of the student because of non-pedagogical and non-therapeutic approaches, it may cause a decrease in self-confidence. The question is whether positive experiences are weighty enough to overcome lowered self-confidence.

In question number 29, the respondents were asked if they had any comments concerning the questionnaire as such. Six respondents answered this question, and some of these answers were not really comments addressing the kind of questionnaire it was, but again more about their experiences. For example, one respondent answered that he/she did not find it possible to work as a competent music therapist without self-experience integrated in the programme, and another respondent said that self-experience has primarily developed his/her clinical competencies in relation to psychodynamically oriented work. One answered that it was a very exciting

questionnaire that made her realise how enthusiastic she had been about self-experiential learning. Other points in relation to question 29 included:

- *It is very difficult to answer questions about self-experience so many years after graduation.*
- *If you really try to remember and evoke memories, it does take more than half an hour to fill out the questionnaire.*

8.13 Answering research question “2a”

It is now time to sum up the present chapter and thereby address research question 2a:

How do music therapists trained in Aalborg evaluate their own clinical competencies and the impact of their prior self-experiential training on their clinical competencies?

The results from the questionnaire give very clear answers to the research question. First of all, it is worth mentioning an unequivocal tendency for the respondents to have great self-confidence. Their self-evaluations of their clinical competencies are generally positive, and on at least five competencies the positive answers stand out very clearly. In terms of the self-perceived helpfulness of self-experience, the results point out that self-experience has an important influence on the development of most of the clinical competencies of the professional music therapist. Three of the competencies stand out with the most clear evaluations of the importance of self-experience: “being conscious about and understanding one’s own role as music therapist”, “meeting the client on his or her own terms, – following the process and needs of the specific client”, and “handling and understanding countertransference in the music therapeutic process”. The competence of “meeting the client – following the process and needs of the specific client” could be elected as the “winner”, since it is the competence that on the whole music therapists feel most confident about, and it is at the same time the competence that most music therapists evaluate as being developed with a great degree of contribution from self-experiential learning. The 23 a-questions functioned well as a constructed scale with a high level of internal consistency, as did the 22 b-questions. Furthermore, there is a correlation between responses to scale A (competencies) and scale B (impact of self-experience): a correlation coefficient of 0.28 suggested a moderately strong relationship between A and B. The results showed a clear tendency

in the data; when clinical competence was rated higher, the value of self-experience was also rated high.

Comparing the group of participants with less experience to those with more experience, there was a tendency for the more experienced respondents to have a little more confidence than those with less experience. The evaluation of the impact of self-experience was equal across the two groups. The mean scores (figure 21) showed a tendency for those with less experience to rate the impact a little higher, but the analyses of the total scale showed a tendency for those with more experience to rate higher on scale A as well as on scale B. Music therapists who have been working for more than three years will naturally have gathered more experience; they may have learned from colleagues, they may have followed courses, sought therapy etc. So on the one hand it seems plausible that they feel more self-confident and also that what they learned through self-experience is a bit more in the background. On the other hand, it could as well be plausible that the music therapists with more experience have the maturity to acknowledge the value of the personal therapy and the learning through self-experience.

In the battery of subjects (study-elements) offered in the programme, participants generally report that all the different subjects have a positive or a very positive influence on how they have handled their recent music therapy tasks. The self-experiential subjects, especially inter-therapy and individual therapy, were evaluated more positively than theory and musical subjects (intuitive music, basic piano skills and teamwork in music). On the other hand, it was clearly the practicum experience that was evaluated most positively of them all. It is important to mention that those competencies which are tried out in the practicum are to a great degree developed through the self-experience training that comes before. As one music therapist commented: “self-experience has contributed to the development with a basic structure, which later on made it possible to mirror and attune to the client’s perspective”. On the other hand, the practicum may also be seen as a period in which all of what is learned both theoretically, musically and through therapeutic process and experience come together and form the clinical work with clients.

Considering the qualitative comments given by respondents, obviously some of them also had negative experiences in relation to self-experience as a part of the programme. Figure 23 showed how negative and positive comments were both present. The overall results of the questionnaire indicate that the participating music therapists seemed to be rather self-confident and that a high level of clinical competence was associated with a high level of influence from self-experience. Thus the comment about interventions that may have damaged students’ development of self-

confidence as future music therapists seems to stand alone. But I consider the comment to be of most importance; pointing out and reminding us that mistakes and inappropriate or insensitive interventions may happen. This is why I emphasised the opposition with a figure.

Even though the negative comments are few, they are very strong and they do cause reflection about ethics and responsibility in relation to self-experience.

Most of the comments support and clarify positive aspects around self-experience. One respondent said that self-experience in the music therapy programme laid the groundwork for a therapy process later on, which caused a tremendous development of his/her professional identity. This leads to an important point to think about: some of the influences from self-experience learning are conscious and can be evaluated – and some influences may be unconscious, tacit knowledge, like seeds that are sowed, and therefore really difficult to evaluate. Maybe this is why some of the respondents drew my attention to the fact that this questionnaire about competencies and self-experience took a long time to answer.

In conclusion, self-perceived clinical competence is rated to be very high by the responding music therapists, and self-experiential learning does have an important and strong role in the development of clinical competence – if you ask music therapists (who graduated between 2001 and 2007) to share their evaluation.

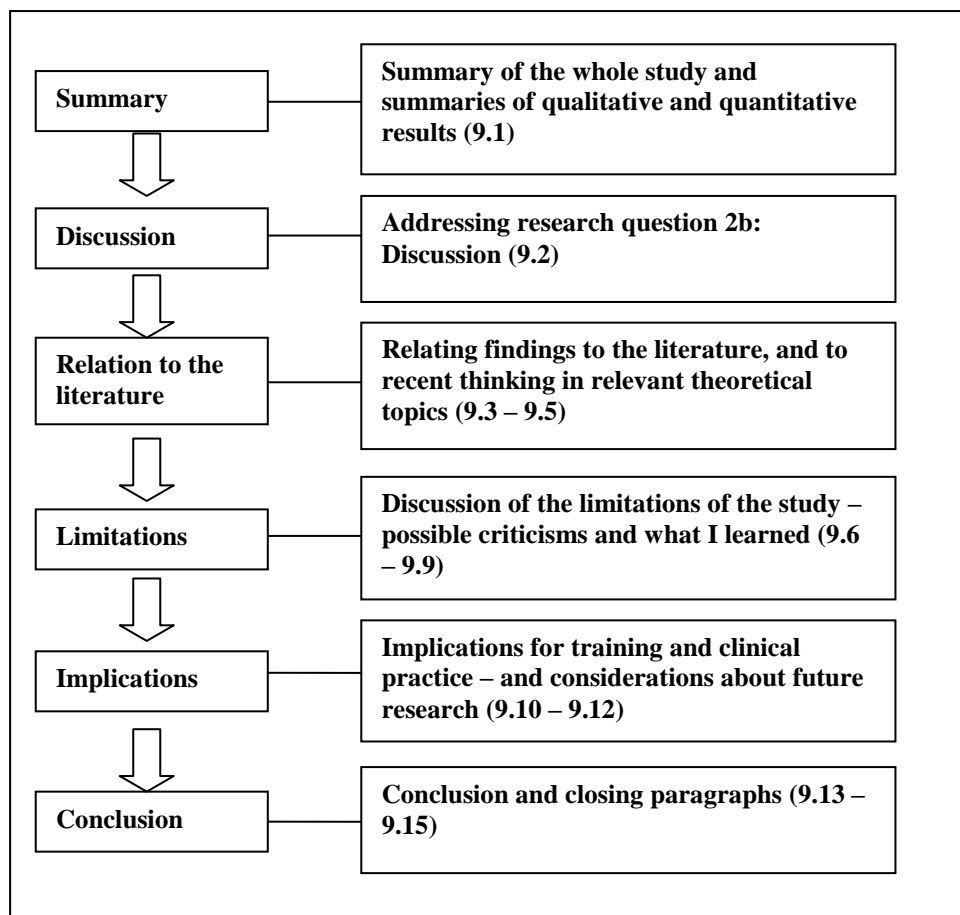
The results do not say anything about what else might have a positive influence, except for the fact that several respondents commented that therapy after graduation allows for a great degree of development of professional therapeutic identity, as well as the “battery” documenting that practicum is what influenced most positively the music therapist’s ability to cope with the clinical tasks in the field. Practicum is actually a phase with a strong focus on self-experience – but now the student is no longer in the client position; he or she is in the therapist position, still training through experience – “self-as-therapist-experience”.

In the following chapter, I will discuss further the results and the limitations of the survey I conducted.

Chapter 9. Discussion

The overall structure of this final chapter is as follows. First, there will be a brief summary of the study and the results for both the qualitative and quantitative components of the study. Next, research question 2b will be addressed through a discussion of the relationship between these two components of the study. Then, the results and findings of the current study will be related to the literature: 1) to the relevant studies in the review chapter, 2) to more recently published research and 3) to recent thinking inside the area of music therapy and psychotherapy. The chapter also contains a critical review of the possible limitations of the present study and considerations on what I have learned. By the end of the chapter, I will point out some clinical and educational implications and provide perspective to the study by suggesting different research paths that would be interesting to follow. My conclusion will sum up how I consider this study to be a contribution to knowledge about self-experiential training i.e., learning through personal experience.

Table 21: The structure of the discussion



9.1 Summaries

9.1.1 Brief summary of background, research questions and methods

Self-experience as an aspect of therapeutic training is an area that is quite ignored in the literature, and within music therapy – as well as for other forms of therapy – research is sparse (Hougaard, 2004).

At the 10th World Congress of Music Therapy in Oxford 2002, a Symposium about experiential learning in music therapy was arranged. The participants agreed that experiential learning is a necessary component in music therapy education, since it was considered *the only way that students could truly understand the music therapy process* (Murphy & Wheeler, 2005). Still, Aalborg University probably has the only university programme for music therapy in the world that has personal therapy and self-experience disciplines implemented as mandatory parts *within* the programme, at least so heavily weighted and from the beginning of the training.

The purpose of the present study was to explore and generate understanding and insight into the complex phenomena of self-experience and personal therapy as part of music therapy training at Aalborg University, first and foremost from the student's perspective. Secondly, the aim was to contextualise these phenomena clinically and professionally by describing how professional music therapists evaluate their own clinical competence and the influence of their earlier self-experiential training on their present clinical and professional competencies.

Answers to the first research question (*How do students experience and describe their learning processes, i.e., being in the client's position in the mandatory self-experiential training in the Aalborg Music Therapy programme?*) were found through a hermeneutic inquiry based on qualitative, semi-structured individual interviews with nine students, enrolled in the fifth year of their Master's training, and on music analysis of improvisation examples chosen by the participants. The qualitative data collection was followed by an arts-based interpretation for each of the nine students as well as a theoretical level of interpretation across data material from all nine students.

A descriptive analysis of the results from an online survey-questionnaire provided material for answering question 2a: *How do music therapists trained in Aalborg evaluate their own clinical competencies and the impact of their prior self-experiential training on their clinical competencies?*

Material and analyses from both research questions will lead to an overall qualitative discussion about the span and the relationship between students and professionals in relation to self-

experience, which will address research question 2b: *What is the relationship between what music therapy students experience and describe about their learning processes, and how music therapists trained in Aalborg evaluate the impact of their prior self-experiential training on their clinical competencies?* This discussion will follow the summary of results for the two components of the study presented here.

9.1.2 Summary of findings in relation to research question 1

The qualitative component of my study focused on music therapy students' experiences of their learning through the self-experiential part of the training at Aalborg University. Based on hermeneutic analyses of text material, consisting of vignettes from nine participating students, qualitative interviews with the nine students and my own reflective notes, a new text was created for each student; i.e., a "hermeneutic summary", which is an integrated interpretation-based expression of the many types of information that I collected concerning the students' experiences. Secondly, music material consisting of self-chosen improvisation examples from each student's self-experience process as student-client was analysed through a hermeneutic model expanded from Arnason's eclectic model (2002). As a step in this music analysis, a new piece of text, i.e., a "contextualisation", was created for each student, in which the material from the first part of the music analysis was synthesised with concrete information from the interviews.

The analyses were completed with an "improvisation narrative" for each student, a short poetic story or text that weaved together all the different layers and levels of both text and music analysis, illustrating that learning through self-experience is a highly personal process; it is a personal formation (development) in which the student cultivates his or her uniqueness and personal characteristic.

These three pieces of text were sent to the participating students to determine if they were able to recognise themselves in the material. The participants were asked to evaluate to what degree they recognised themselves in each of the three texts on a Likert scale from 1 to 7, where 7 corresponded to "I recognise myself and my personal story to a great extent". All participants responded and the mean scores were 6.44 for the hermeneutic summaries; 6.56 for the contextualisations; and 6.25 for the improvisation narratives. These findings indicate the materials from the nine participating music therapy students were processed and interpreted appropriately. In a thematic analysis across the nine interviews with the students, five main themes were identified: the **learning dimensions** of the self-experiential training; the **relationships** that develop through training; the **music** that is interwoven in the process; the **self-development** of the

students; and the levels of **consciousness** related to self-experiential training. The five themes were interrelated in complex ways and due to this complexity a model was developed (a star), in which each main theme represented a corner of the star and at the same time all five themes were connected. A second-order analysis was carried out, based on an integrated cybernetic psychology theory. In a circular movement between empirical material and theoretical considerations, a new level of interpretation was obtained. A main finding in the theoretical analysis was that the students develop their “synaesthetic sense” or “supra-modal ability” through self-experiential training; the ability to contain many sorts of information simultaneously in a clinical music therapeutic situation (see p. 239).

9.1.3 Summary of findings in relation to research question 2a

The 32 music therapists who responded to the questionnaire generally evaluated their clinical competence as very high, with a mean score of at least 4 (only one question out of 23 had a mean rating below 4; i.e., 3.86) on a Likert scale ranging from 1 (not at all) to 5 (to a high degree). The highest mean score was 4.70, on the question referring to the ability to benefit from supervision in relation to clinical music therapeutic work. The respondents were in agreement, evaluating themselves as extremely competent in the basic area of meeting the specific client according to his or her needs and working ethically with the client; 31 participants out of 32 rated themselves “very much” or “to a high degree” in response to these two questions.

Examining the helpfulness of self-experiential learning regarding the development of specific competencies, the results showed that the respondents found self-experience learning to be more related to some competencies than to others. The highest scores were associated with questions concerning being conscious about and understanding the role of the music therapist, handling and understanding countertransference, and meeting the client on his own terms – following the process and needs of the specific client. Overall, the music therapists felt most confident about this last competence, and this was the competence that most music therapists evaluated as developing through a great contribution from self-experiential learning.

In order to compare responses in relation to amount of clinical experience, the 32 respondents were divided into two groups, one group with more than three years of experience, the other with less than three years of experience. The mean scores of the two groups were very similar in relation to a- and b-questions. However, there was a tendency for the group with more clinical experience to evaluate their own competencies a little bit higher than those respondents with less clinical experience, and a slight tendency for respondents with more experience to evaluate self-

experience as having less impact on the development of competencies than respondents with less clinical experience.

Cronbach's alpha indicated a high level of internal consistency for all a-questions included in one scale (Scale A) and all b-questions in another scale (Scale B). When the analyses of the questionnaire results were based on total scores for each scale, the following tendency appeared; participants with more experience seemed to rate themselves higher on clinical competencies (Scale A) as well as on the level of impact from self-experience (Scale B). Further, the analysis indicated a general tendency in the data: when clinical competence was rated higher, the value of self-experience was also rated higher, and this tendency did not seem to depend on the amount of experience.

Respondents were asked to evaluate the impact of different study elements from the training programme on how they coped with their most recent clinical music therapy tasks. Overall, the self-experience subjects (especially inter-therapy) and the subjects closely related to experiential learning and clinical work (KGMF, supervision and practicum experience) were evaluated as having the most positive influence in relation to handling recent clinical music therapeutic tasks. Qualitative comments were provided by participants in relation to some of the questions. Most of these comments supported and clarified the positive aspects of self-experience, although a few comments reported negative experiences in relation to self-experience.

9.2 Relating findings from the two components of the study

The following section addresses question 2b concerning the span and the relationship between music therapy students' experiences in training and music therapists' evaluation of their competencies and the influence from their earlier self-experience as students.

9.2.1 Introduction: The relationship between learning and practice

The transition from being a student to becoming a professional is not always an easy task. Sometimes there seems to be a gap between institutions of higher education and the field of professionals. In the university, students gather theoretical knowledge and it may be difficult to transform this kind of learning to useful competencies in real-life-situations. The gap is also manifested for example through the relationship between research and practice; practitioners do

not prioritise reading published research literature, and researchers do not speak a language that practitioners understand, so the two different fields feel distant from each other.¹⁵⁰

In the present study, a qualitative investigation into students' experiences of learning through self-experience as a part of their training has provided new insight and understanding into this complex phenomenon. Additionally, the results from a questionnaire survey provided a view of the tendencies in a group of professional music therapists concerning their self-perceived clinical competence and the self-perceived helpfulness of their earlier self-experiential learning in relation to their competencies. Do these two very different sets of findings have anything to say about each other? Is it possible to say something about the relationship between students and professionals concerning self-experience? It may seem problematic to try to juxtapose the two sets of empirical material. However, my original idea was that answers from the professional music therapists would contextualise the qualitative analysis of students' experiences and give a new perspective to the reflections about training. But before further considering the relationship between the two components of my study, I will follow a thread from earlier in this thesis (see section on learning theory in chapter 6 p. 226 ff.) and look again at some different views of the relation between learning and practice.

9.2.2 Bridges between learning and practice

The aim of the music therapy training programme in Denmark is to give students broad knowledge so that they become thoroughly versed in the different areas of music therapy theory and practice and prepared for the requirements of the professional field. As described in chapter two (see p. 10), the programme in Aalborg differs from a typical university programme in the sense that there is great weight placed on practical learning. The three parallel tracks (the theory track, the music track and the therapy track) are woven together to optimise the possibility of integrating different forms of learning. A strong emphasis on students' experiential learning processes has become an integrated part of the training, with the aim of developing the whole person. Earlier I cited Wackerhausen (see p. 20), who advocates that in some professions the learning and development must be closely connected to personal development because the professional knowledge that is used in concrete clinical situations is a part of the person (Wackerhausen, 1993). I noted how learning through self-experience resembles elements of

¹⁵⁰ In an international survey, the top three items on a list of perceived sources of influence on experienced growth among psychotherapists were: "experience with patients", "personal therapy" and "getting supervision". Therapists tend to place greater emphasis on interpersonal influences than on purely intellectual influences (Orlinsky & Rønnestad, 2005, p. 137).

apprenticeship; learning takes place by participation in practice and the student learns from the relationship with teacher-therapists partly through integrating aspects of his or her way of working (learning through modelling) (Kvale, 2007, p. 73). Further, I referred to Vedfelt and cybernetic psychology, which is based on the theory that practical learning and elements from apprenticeship are indispensable to therapist training (Vedfelt, 2000, p. 50). Thus, in music therapy the academic education is connected to practical and experiential learning, which build a bridge to the profession.

In a recently published book in psychology (Brinkmann & Tanggaard, 2007), the relation between research and profession is discussed by various authors, and some basic questions concerning education are raised. In the following, I will comment on a few aspects from selected articles in the book. Of course the book concerns our neighbour profession of psychology, but as I have demonstrated throughout this thesis, I think music therapy can learn from the thinking and the theoretical discussions in that area.

Elmholdt and Tanggaard are concerned with psychologists' transition from university to profession. They point out that a meaningful transition from education to a work situation requires that the educational programme must acknowledge the relevance of both a theoretical "observer"-knowledge and a more practical "action"-knowledge (Elmholdt & Tanggaard, 2007, p. 114). However, this point does not lead the authors to recommend a stronger emphasis on practical learning of psychologists' skills as a part of training. Based on a qualitative empirical analysis of professional psychologists' learning in the situated context of a pedagogical counselling office, the authors find that the psychologists attributed great value to theoretical knowledge as a form of practice in the counselling profession, and the authors suggest that what is needed in the university is an action-based form of teaching that accentuates the production of theoretical knowledge that has relevance for practice rather than abstract decontextualised theory.¹⁵¹

Elmholdt and Tanggaard claim that development of a more practice-based (experiential) professionalization would be damaging to the profession and the individual psychologist. However, the authors do not discuss in the chapter why and how it could be damaging.

Another perspective is proposed by Willert (2007), in Brinkmann and Tanggaard (2007), who considers the ideal psychologist to be a craftsman whose hallmark is the ability to meet the complex world with a "qualified ignorance" understood as an openness toward what is required or needed in the situation – since "no theoretical preparedness can give anyone a safe knowledge

¹⁵¹ In a later section (see p. 315 ff.), two new studies in music therapy (Baker, 2007; Luce, 2008) exemplify an action-based form of teaching with emphasis on the use of theory that is connected with practical clinical work.

about what a certain problem area contains” (Willert, 2007, p. 278).¹⁵² Willert critically points to the fact that training of psychologists to a great extent is based on learning “forward”; through “progressive theoretical work”, in which you gather theoretical information to prepare yourself for practice – and he argues that “learning backwards” is missing, which refers to the principle of “learning by doing” – a concept from the American philosopher, psychologist and educational reformer John Dewey. Learning backwards is necessary if psychology is to be a craftsmanship in which students learn and create new knowledge based on practical experience of what they did. Thus Willert considers the acts or the interventions to be tools for the production of reflection and understanding no matter what the preparation was like: “The moment of the act is the motor of realisation” (Willert, 2007, p. 268). This view is supported by psychologists Fog and Hem (2009), who further point out that theoretical knowledge, practical competencies and experiences need to be integrated in the *personality* of the therapist, and the authors claim that personal therapy may be the most important way of growing more wise concerning oneself and life (Fog & Hem, 2009, p. 277).

In this context, it is also relevant to point out that the cybernetic theory (as well as the hermeneutic philosophy) implies the view that we cannot avoid theory. Interpreting is a part of human nature – it is not possible to live without interpretation. Human beings are always employing some kind of theoretical basis, and the important point is to search for awareness of one’s own position. However, it is also possible to change position – if we realise the interpretation and the theory behind (i.e., “the map” of the territory) were not suitable (This implies acknowledging that more than one good theory exists.) (Vedfelt, 2007, p. 501).

In the music therapy training in Aalborg, professional identity grows from the intertwining of theory and practice; the close connection from experiencing in your own body and through that developing an ability to think, reflect and understand the experiences. This corresponds to “learning backwards”, according to Willert (2007a), but on the other hand also through gathering theoretical knowledge which is tried and transformed into personal knowledge, for example in the practicum periods. As Kenny also states:

¹⁵² In relation to the question of how to prepare for practice, it is worth remembering what I mentioned previously about the concept of *phronesis* (see p. 67). *Phronesis* emphasises our practical “being-in-the world”, and constitutes a mode of self-knowledge. More than mastering a certain doctrine, method or theory, it is like a tacit capacity, which we acquire by following the example of others, like a practical know-how (*The Stanford Encyclopedia of Philosophy*).

“With the complex and often mysterious regions of consciousness assessed through music, we need maps. Of course, it is good to remember that the territory is not the map. Though theories may guide us, our clinical experience is the territory”. (Kenny, 1999, p. 127)

In the following, I will discuss the relation between the two components of my study in association with an overall linking theme; the development of the therapist. Thereafter, I will summarise some observations on this relationship seen from the theoretical perspective of cybernetics. Then, the discussion will continue in sections where previous and recent literature will be related to both parts of the present study.

9.2.4 The developmental stages of the therapist

According to the respondents' evaluation of their music therapeutic clinical competencies, the group of music therapists with less clinical experience were similar to the more experienced group (see p. 272). As mentioned, there was a tendency for the group with more clinical experience to evaluate their own competencies slightly higher than those respondents with less clinical experience. Still, the participants with less than 3 years of experience are a group of self-confident people. Also, concerning the evaluation of self-experience as a contribution, the two groups were rather close. These results point to the tendency for the relatively new music therapist already to consider herself working at a competent professional level,¹⁵³ and the fact that practical learning and high levels of reflection occur as a part of the training support that this is plausible.

¹⁵³ The opposite of feeling self-confident and competent is the “impostor phenomenon”; a syndrome in which sufferers are unable to internalise their accomplishments. Regardless of what level of success they may have achieved in their chosen field of work or study, they remain convinced internally they do not deserve the success. This syndrome is typically associated with academics and is widely found amongst graduate students (*Wikipedia*). The personality factor of neuroticism, including low self-esteem, seems to be the personality domain in which the impostor phenomenon resides. A relatively low level of conscientiousness is also found to be related to the impostor phenomenon (Bernard et al., 2002). In an investigation of Australian music therapists' personality profiles (Holmes, 2003), both high levels of neuroticism and low levels of conscientiousness characterised the participating music therapists (among numerous other personality traits) corresponding to the impostor phenomenon. The author refers to Gibbs (1984), who has argued that the uncertainty of one's role as a therapist is a sure contributor to feelings of professional inadequacy and further that the issue of therapeutic orientation could be a strong contributor to the phenomenon, with therapists working in an open and more humanistic approach being far more liable to make impostor self-attributions, than would a behavioral and concrete, goal-directed therapist. Holmes (and Gibbs) may be right – but it is remarkable that Danish music therapists, who participated in this study, seemed to be self-confident and sure of their own role as therapists. They are trained in a humanistic approach and their self-confidence seems to contradict the characteristics of the impostor phenomenon. However, it would be necessary to investigate the personality profile for Danish music therapists to be able to make substantiated conclusions.

Gibbs, M. S. (1984). The Therapist as Imposter. In C. M. Brody (Ed.), *Women Therapists Working with Women: New Theory and Process of Feminist Therapy*. New York: Springer Publishing Company.

The brothers Stuart and Hubert Dreyfus, professors in mathematics and philosophy respectively, constructed a model concerning professional, continuous development, consisting of five levels from “novice” to “competent” to “expert” (Dreyfus & Dreyfus, 1986, 2004). Their thinking may further support that there is a strong link between self-experiential practical learning and the competence of young professionals. Briefly, Dreyfus and Dreyfus point out that as the professional person develops, she moves away from being dependent on principles and rules towards using more and more of her own experiences. Gradually the professional will experience the clinical situations as less fragmented and the competent professional perceives the process more and more in its whole. There is also a transition from being more observing to being increasingly engaged in the situation. The expert is capable of using her intuition and experimenting, i.e., being creative in her work. According to the authors, the learning process from novice to expert is connected to the ability to create a usable and relevant link between theory and practice and the ability to integrate reflection as a part of the practice.

The results from the questionnaire indicated that 31 of 32 respondents (96.7%) answered “very much” or “to a great degree” to the question about self-perceived ability to be conscious about and understand one’s own role as music therapist in a music therapy process (see p. 264). The respondents also reported that self-experience had a great influence on the development of this competence. Thus, it seems plausible that the music therapists were capable of integrating theoretical knowledge and experience, with a high level of self-awareness and reflection. In the qualitative investigation of students’ experiences, a high level of self-reflectivity was also evident. Relating this to the work by Dreyfus and Dreyfus, it is possible to conclude that the connection between the two parts of the present study is as follows: the qualitative investigation of students’ experiences shows that they possess already a great deal of competence due to the self-experiential training (including practicum), and this is supported by the survey results, which show that the music therapists evaluated themselves as having progressed towards a competent professional level.

Kvale confirms this relationship – considering the developmental model of Dreyfus and Dreyfus – by stating that memorising rules and facts can profitably happen in a normal classroom situation, whereas the creative and intuitive expert knowledge is learned through experience and apprenticeship-contexts (Kvale, 2004, p. 193). This means that the music therapy student

presumably develops more quickly and organically towards the advanced level of practicing compared to a training situation without experiential learning and personal therapy.

Earlier I described the work of Donald Schön (1983) (see p. 224), concerning the “reflecting practitioner”. Schön’s perspective supports the conclusion presented above; he suggests that a competent professional has the ability to reflect upon his actions while he is doing them; i.e., *reflection-in-action*. To be able to do this, bodily-based knowledge is required. According to Schön, the practitioner tries out different ways of perceiving a certain type of situation, and will continually revise on the basis of feedback from the situation. *Reflection-in-action* is a moving between doing/exploring something and reflecting upon it, corresponding to what Willert calls “learning backwards” (mentioned above).

The theoretical perspectives emphasised in this section point out and explain the relationship between the findings of my two different investigations, and which can be further strengthened or expanded by incorporating cybernetic thinking.

9.2.5 Observations from the theoretical perspective of cybernetic theory

The self-rated, high level of competence of the 32 participating music therapists was a very clear finding of the survey. As mentioned above, they feel confident regardless of their amount of experience. Meeting the client, being flexible and tuning in to those needs that are present here-and-now are competencies that are rated particularly high. Further, the music therapists believe that self-experience has a great impact in relation to many of the competencies.

What is clear from the qualitative investigation of students’ experiences is complexity and diversity. The processes are described as containing an immense amount of information. It is possible to claim that the ability to work with so many levels of information, self-awareness and self-reflections, as illustrated in the improvisation narratives and demonstrated in the star model in the second-order analysis, results in students who are highly competent. Furthermore, this leads me to suggest that a plausible explanation for the relationship between complexity and diversity in the student’s experiences and the self-rated, high level of competence among participating music therapists, is apparent from the cybernetic model: as mentioned previously, complexity is a central construct in cybernetics; when a system is developing, it is characterised by moving towards higher levels of complexity where more components are contained and in play. Vedfelt has stated that learning to be able to cope with complexity requires practical learning (Vedfelt, 2000a, p. 54, 2001a, p. 312). Thus, the multifaceted learning that happens through self-experience and personal therapy raises the therapist to higher levels of personal complexity, where more components are

contained and in play, and because of which a correspondingly advanced level of practice will be possible.

According to cybernetic theory, having a positive sense of self and being self-confident form the foundation for being a positive role-model in relation to the client; if the therapist feels confident, a positive effect on the client is possible. From a cybernetic perspective, a positive role model is a therapist who is self-contained and able to cope with the complexity and multiplicity of life (Vedfelt, 2009, personal conversation). In relation to some of the clients in music therapy, who have no verbal capacity and whose general level of functioning is very low, the therapist may not exactly be a role-model. Still, it is important that the therapist is balanced in her professional identity and authenticity, in order to be present with confidence in the therapeutic relationship with the client, and with the ability to step into the role of, for example, “the-good-enough-mother”.¹⁵⁴

9.3 Relating findings to research literature presented in chapter 3

In this section, I will link the findings from the current study to the literature review presented in chapter 3, to determine if the current results support or diverge from previous studies. First, we will examine some of the findings from research studies inside the field of psychotherapy, and then look at previous findings in music therapy (section 9.3.7).

Numerous research studies have shown that therapists are very likely to seek personal therapy – the mean percentages cluster around 75% across 14 studies (Geller et al., 2005), and for the CRN study¹⁵⁵, with more than 5,000 informants, the percentage was around 88%. An unpublished study focusing on music therapy (Hald et al., 2001) indicated that 81% (30 out of 37) of the Danish music therapists in the study had sought personal therapy after graduation from the university. The current study focuses on self-experience and personal therapy as training tools for fostering the competencies needed for clinical work with clients in music therapy. Research concentrating on the specific area of therapists’ training is sparse, but the large body of research documenting positive, strong personal as well as professional learning from experiences with personal therapy closely corresponds with my findings in relation to students’ experiences (the

¹⁵⁴ The “good-enough mother” is a concept originating from Winnicott.

Winnicott D.W. (1965) *The Maturation Processes and the facilitating environment*. London: Karnac Books

¹⁵⁵ Collaborative Research Network (CRN) of the Society for Psychotherapy

qualitative component) and in relation to professionals evaluating the impact of their earlier self-experience training (the quantitative component). Results from the questionnaire also showed that self-experiential training in the programme was believed to have an impact on personal development during the educational phase as well as on personal development after graduation. In line with previous research, the current study confirms that there seem to be good reasons for incorporating personal therapy into therapist training, as proposed by Macran and Shapiro (1998).

9.3.1 Self-awareness and self-esteem

As noted in an earlier section of this chapter, one of the main findings from my questionnaire was that the music therapists generally seemed to be self-confident and grounded, with high levels of self-esteem concerning their clinical competence. The research reviewed here, both qualitative interview studies and surveys, clearly illustrates that increased self-awareness and self-esteem are frequently mentioned benefits of therapy, which confirms that there is a positive link between personal therapy and self-esteem.

According to the findings from the present study, there appears to be a positive link between self-experience (i.e., personal therapy as part of training) and self-esteem; the correlation between rated competence (Scale A) and rated impact of self-experience (Scale B) also indicated a positive relation between these two factors (see p. 277). Moreover, in the qualitative meta-analysis of the current study, self-development was clearly a main theme. Students basically get to know themselves better through self-experience processes. Further, students also reported about self-exploration and expansion of the self in music: the personal musical improvisation facilitated an inner discovery, wherein different parts of the personality could be explored. It is plausible that these experiences increased the self-awareness and self-esteem of the therapists in training.

Within the field of psychotherapy, self-awareness is viewed not only as an important strategy for the therapist's development, but also as prerequisite for therapists' professional conduct and clinical competence; it is deeply embedded in conceptions of high-level therapeutic functioning (Orlinsky & Rønnestad, 2005a, p. 200).

9.3.2 Self-awareness as a tool in therapy

A review by MacDevitt (1987), which examined the relationship between personal therapy and professional self-awareness, found that awareness of countertransference issues is highly significant and positively related to the amount of therapy a therapist had received. MacDevitt concluded that these findings support the perception that personal therapy affects a therapist's

readiness for using self-awareness as a tool in therapy. Norcross et al. (1988), who listed the rationales for personal therapy on the basis of a review of a number of earlier studies, suggested that personal treatment provides the therapist-client with a more complete understanding of personal and interpersonal dynamics and conflictual issues, which leads to conducting treatment with clearer perceptions and reduced potential for countertransference. In the current survey of music therapists, the results showed that the competence of being conscious about and understanding their own role as music therapist and the competence of handling and understanding countertransference in a music therapy process were rated as very strongly influenced by learning from self-experience (see p. 267). This confirms previous research findings in terms of the professional influence of personal therapy.

9.3.3 Learning from being in the role of the client

One consistent result reported in the reviewed literature is that the experience of entering personal therapy as client is an opportunity to achieve specific insight into what it is like to be a client. The participants in the studies of Grimmer and Tribe (2001) and D. Murphy (2005) reported that through experiencing the client position they developed their empathic understanding of their clients and of the therapeutic processes of their clients. A number of studies emphasise that being in the role of the client sensitises therapists to the interpersonal reactions and needs of their clients and increases respect for the clients' struggles (Norcross et al., 1988).

These general results are reflected in the current study, evidenced by music therapy students' narratives about what they experienced in their own bodies as clients and their thorough reflections upon those experiences. What the student learned from being in the client position was very basic knowledge about how it feels to be a client and, for example, how important trust is when working therapeutically. Further, in the survey (question 14), 90.4% of the participants answered that they had been able to integrate their personal experiences from being a client in their therapist identity (50%: very much; 40.4%: to a high degree).

Wiseman and Shefler (2001) concluded from their interview study that personal therapy is perceived as an essential part of the therapist's training phase and one of the domains that their analyses yielded was the impact of personal therapy on one's being in the session. Their participants reported about developing and increasing empathic capacity and the ability to tune into the client's experiences, and also an ability to go with what one feels about the patient on a moment-to-moment basis, instead of staying on an intellectual level of understanding. This corresponds to what was found in the analyses of students' material in the present interview study.

Through self-experience, the students build up a trust in what they feel in the moment. It also appeared that learning was partly happening on levels of consciousness other than the intellectual state.

Actually, all the dynamics inherent in the star-model are grounded in the processes of student's learning through being in the client position, and the second-order analysis documents on a meta-theoretical level how and why this kind of practical and personal learning process is the "royal road" to advanced therapeutic and clinical competence.

9.3.4 Negative experiences in personal therapy

As reported in the qualitative part of the current study, some students reported they had harmful experiences in therapy: for two of the nine participants, some parts of the personal therapy occurring in the programme were experienced explicitly as a burden. Also in the questionnaire survey, there were a few reports about negative experiences.

In the reviewed literature, harmful experiences or negative outcomes of personal therapy were reported as well. In the CRN study (Orlinsky & Rønnestad, 2005a), less than 3% rated "no personal benefit". However, in other studies the therapists were asked if their therapy was "harmful in any way" and between 8% and 22% of the therapists answered in the affirmative. The most frequent mentioned themes in relation to harmful experiences were "emotionally or sexually abusive therapist", "distant and rigid therapist" and "therapist's incompetence".

Thus, the reported negative experiences of students in the present study, i.e., when the perceived incompetence of the therapist was the source of negative experiences, seem to mirror the therapists' reports from personal therapy in international surveys.

Paradoxically, some constructive things also came out of the negative experiences that one music therapist reported in the present study; the respondent simply did the opposite thing in her clinical work than what she observed in training. This is again similar to what is reported in the literature. Therapists also learn from what they did not like about their personal therapy or therapist (Orlinsky et al., 2005c).

9.3.5 Negative consequences of personal therapy

In some of the reviewed studies, it was reported that despite the positive qualities and outcomes of personal therapy, it can also be a major burden for therapists who are simultaneously undergoing

training (Macran & Shapiro, 1998). There may be negative consequences for the clients of inexperienced therapists if these therapists or student-therapists are themselves in therapy (Greenberg and Staller, 1981; Clark, 1986). These studies are rather old and their designs have been criticised, but I will reflect on this issue nevertheless; because these results can still influence general caution towards implementation of self-experience and personal therapy in training programmes, and because it is worth considering in order to secure for clients of students an adequate therapeutic intervention.

There was not a huge problem for the music therapy students concerning experiences as a client happening too close to the time of their first experiences as therapists during the training programme. Rather, the students described *challenges* related to the changing roles they had to deal with during training. And moreover, several mentioned that inter-therapy – a discipline involving radical shifts from client position to therapist position within the same session (with a break in between) – is a very demanding subject, but at the same time very educational. The professional music therapists who participated in the survey rated inter-therapy to be the subject that had the greatest positive impact on their handling of their most recent clinical tasks. It seems that inter-therapy training, in which the students rehearse the changing of roles under direct supervision and learn how the client and therapist position are connected, is optimal for learning at the Master's degree level, greatly preparing students for practical clinical work. The reason the students did not report troubles concerning the combination of being in the client position and at the same time being a beginner therapist working with clients may be due to the organisation of the training programme; practicum experiences in which the students work with clients outside the university happens in the sixth and ninth semesters, when no self-experience or personal therapy is implemented, and thus the student can concentrate on being in the new role as music therapist.

Grimmer and Tribe (2001) conducted a qualitative study with recently qualified and trainee counselling psychologists regarding the impact of personal therapy on their professional development (see p. 32). As previously reviewed, the results indicated that mandatory personal therapy leads to a perceived range of positive outcomes for the participants in terms of professional development. But the authors also stated that whilst voluntarily undertaken personal therapy was strongly supported, there were concerns in regards to mandatory therapy, e.g., that the lack of choice could counteract its potential positive effects and also that the uncovering of

difficult material could reduce the effective participation of the student in other areas of the training course.

In the current study of music therapy trainees and professionals, the reported negative experiences did actually seem to be related to the lack of choice according to therapists. At the same time, research studies show that negative experiences do exist also in voluntary therapy. This is unfortunate, I think, because it touches a deep human and ethical issue about being responsible for each other, and in the situation of an a-symmetrical relation as in therapy, where one part surrenders and is put in the vulnerable or open position of being a client, the human as well as professional responsibilities are even more vital.

Secondly, I will comment on the issue of students' possibly reduced effective participation in other areas because of mandatory therapy in the programme. In the present qualitative study of music therapy students, as mentioned above, some students reported difficulties in learning to shift between roles, and some used a lot of energy building up personal borders to be able to cope with the challenge of going from self-experience to theoretical class for example. But it is also clear that the participating music therapy students primarily reported that the personal therapy and self-experience subjects inside training were experienced as a personal refuge that made it possible to manage the whole training programme. This corresponds to a description of personal therapy as a support and an explicit form of stress management, reported by participants of Grimmer and Tribe's (2001) study.

9.3.6 Relational competencies

In the qualitative analysis of students' material, one issue that emerged was the urgent need to work through and become aware of, e.g., early loss and to build up the relational competencies needed in clinical work. To be able to do that, relationships with the therapist as well as co-students are needed. According to the students, the support from the therapist created a safe and potential space in the sessions in which the student experienced trust in his or her own developmental possibilities and experienced trust in the relational music therapeutic process. Growing awareness of dynamics and healing potentials of the relation was an important realisation of the personal experiential processes.

As stated in the literature, there is no clear evidence from research studies that therapists' earlier or current personal therapy can be related to positive client outcomes. Macran and Shapiro (1998)

propose there is some evidence that personal therapy has a positive effect on those qualities that are cited as related to client change, such as empathy, warmth and the genuineness of the therapist. In the current study, the survey results showed that the participating music therapists felt particularly competent in the area of meeting the client and his or her unique problems and needs. Moreover, other clinical competencies associated with the therapeutic relation were evaluated positively. Thus, it is a reasonable assumption that the personal therapy in the training of music therapists contributes to the development of those qualities that are related to clients' positive change.

The qualitative analysis pointed out that self-experiential training allows the student to explore the meeting and realise that human relations are to a great degree communicated in tacit ways and are really a facilitator of human development. Several students expressed how they learned to "think less and relate more".

9.3.7 Relating current findings to previous music therapy studies

The sparse research on the training and education of psychotherapists is true for the profession of music therapy, but I did review a few studies, some of them unpublished. In the following, I examine some of the previous findings and discuss some of the issues that the studies raised. Payne (2002) conducted an international survey in the late 1980s to investigate the extent to which personal development through group therapy was incorporated as a mandatory element in the training of art therapists. The survey showed that 40% did not include group therapy in the programme. In music therapy, seven of the fourteen participating programmes did not include a group therapy experience in the training, and the reasons were: 1) role conflict in terms of the group's life outside the therapeutic process, 2) problems of therapy inside an educational setting and 3) the difficulties created through the same staff being teachers and therapists. Further, Payne wondered how it would be possible to assess a student's participation; it would compromise confidentiality if the student was going to be marked by a tutor, and if marked by the therapist/group facilitator it would change the therapeutic alliance drastically.

I would like to comment here on this last point. Some years ago, the Aalborg programme was required to implement more exams in the curriculum. Thus, the student's participation, for example, in group therapy is now completed with a written paper (5-8 pages) in which the student describes and reflects upon his or her process during the course. The examination (grading passed/not-passed) of this paper is not done by the therapist (ETMT-teacher) but by someone

from the staff.¹⁵⁶ The grading is not an assessment of the personal process in therapy, but of the reflections presented in the paper, and it is by and large up to the student to determine what he or she includes in the paper and how. I think that this is a way to live up to the formal requirements of the institution, and at the same time let the process stay as a safe and confidential place.

As pointed out by Payne, it is a difficult matter when a staff member is both therapist and teacher to the students. In an earlier phase of the history of the Aalborg programme, this issue in particular caused some ethical problems. The programme had difficulties employing enough staff members to secure a separation between therapists and teachers. Today, the therapists do not have any other functions in the programme.¹⁵⁷ In Payne's study, role conflicts between the group's life in- and outside the therapeutic process were mentioned as a reason for not implementing group therapy in the programme, but this notion is not confirmed in the present study. Relation to peers emerged as a strong and important relational factor in the developmental processes of the students, though several of the students that I interviewed did report how important it was for them to learn to establish healthy personal boundaries. It is important that the programme helps to make the boundary clear around therapy courses through guidelines that include the duty of confidentiality.

In a second research study by Payne (2004), trainees' views on their experiences as clients in a dance-movement therapy group were investigated. The findings from this study showed that the experiential training increased awareness of: a) client-therapist relationships, b) transference and countertransference, c) empathy, patience and tolerance. This overall relational theme is in line with the main findings in the present study, both related to the music therapy students' experienced learning and compared to the survey results that pointed to how self-experience in training may increase therapeutic competence.

In a pilot research project, Streeter (1999) investigated the value of personal group music therapy in the training of music therapists, and she concluded from the survey that the working music therapists clearly continued to value their earlier learning experiences in relation to their present

¹⁵⁶ Often someone who is not directly involved with the students; for example, I was the examiner for several years while I was engaged as a PhD student. But sometimes the examiner is a teacher from the programme.

¹⁵⁷ This holds for the group therapists and the individual therapists. In relation to the study element of Guided Imagery and Music (GIM level I), the therapist who is running this course is also a teacher and supervisor. This constellation has not been a problem, maybe because the course runs in the eighth semester and the students are advised that for the practicum and the Master's thesis they are allowed to choose a supervisor other than the GIM-therapist.

professional work. This result is replicated in the present study: professional music therapists reported that learning from self-experience had contributed very much to their clinical competence of today.

In 2004, Hannibal conducted a small empirical study with music therapists and students finishing their Master's degrees. The informants were asked to evaluate each subject from the Aalborg training programme. The results pointed to both the importance and usefulness of the therapeutic and self-experiential parts of the programme, indicated by the participants' highly positive evaluation of those subjects. Hannibal concluded that the data indicated the students had developed the therapeutic competencies required in the clinical field. With the findings from the present study, more certainty can be attributed to Hannibal's assumption. The results from the survey confirmed that self-experience subjects were evaluated to be substantially helpful in music therapists' clinical work and further that the participating music therapists did have a high level of self-perceived clinical competence.

A pilot study concerning self-experience in training was conducted by Hald et al. (2001) – a group of music therapy students from Aalborg designed a questionnaire for the Danish music therapists to examine their experiences with therapy as a mandatory part of the programme in Aalborg. One of the survey questions addressed the element of music in relation to self-experience. Almost all of the music therapists reported that they developed confidence in their personal musical and improvisational expression through the self-experiential music therapeutic processes during the programme. The current study confirms and elaborates substantially on this issue. In the following section, I will first briefly sum up what the survey indicated about music therapists' confidence in music and secondly how the role of the music is described on the basis of the qualitative part of the study. I will also discuss whether the therapy training needs to be in music therapy.

9.3.8 Relationship with music

As noted earlier, the results from the questionnaire included ratings that were generally high. This also applied to the question that was similar to the question from Hald et al. (2001) concerning the ability to use personal musical language in music therapy improvisations; the mean on the 5-point scale was 4.23, and the contribution to this competence from self-experience had a mean of 3.87 (questions 23 a and b). Further, the music therapists were asked to evaluate their ability to develop relationships with clients through music, and the mean was 4.26, whereas the degree of impact from self-experience had a mean of 4.06 (questions 22 a and b) (see p. 260 and 265). Thus, the respondents seemed to feel confident in this area and they tended to believe that self-experience

was helpful, especially concerning the ability to develop a therapeutic relationship with the client through music.¹⁵⁸

In the results from the qualitative part of the current study, which focused on the students' experiences, the role of music and the relationship with music were primary issues that were interrelated with all other aspects of the learning processes, as illustrated in the “star”-model (figure 1, see p. 203).

Reflections highlighted how students' experiences in the music and with music developed their relationship with music and taught them how music can be a transformational vehicle in the therapeutic process. Several students reported that self-experiential processes supported them in finding and developing their personal musical expression, and they developed the ability of being, and staying with the music in the process. It was evident that the music in the self-experience process represented a resource – a tool to explore and expand the sense of self and to explore, repair and develop relationships, and to really delve into different kinds of feelings and moods. A great deal of self-development happened through music-making, body-moving and imaging-producing processes – to feel confident about such self-explorations is important since that is part of a music therapist's job, also to motivate others to feel that.

The qualitative analysis revealed that experiencing the music as a client in self-experiential training opens up the possibility for cross-modal experiences and processes. To experience the connectedness between different levels and modes of experience provides the student with a deeply rooted self-awareness and understanding of inner communication in the therapeutic process. This connectedness was also illustrated in the improvisation narratives.

However, one question is why specific music therapeutic subjects of self-experience are so important in the training; does knowing that differences among various treatment groups in controlled clinical trials are neither great, nor consistent, and further that the therapeutic relationship is valued more by clients than the methods or techniques that define particular types of treatment (Orlinsky & Rønnestad, 2005, p. 6) perhaps point to the unimportance of music therapy for music therapists?

It is important for therapists to have personal palettes of potential methods to use in the therapeutic process in order to collaborate with the client and meet his or her needs. I would

¹⁵⁸ It is worth mentioning that many other questions in my survey could in fact include the music therapist's reflection on music in the therapeutic process, even though it is not explicit; for example, question 4 about the ability to be flexible and work in the here-and-now was rated very high (see chapter 8 p. 260). It is important to be aware of the kind of knowledge a questionnaire provides; it provides some overall patterns, but never a deeper understanding of what the meaning behind each answer was.

suggest that *if* self-experience and personal therapy happen in *music* therapy training, the methods and techniques of music therapy have a chance to be integrated in the personality of the therapist. Experiencing music therapy interventions on one's own body and experiencing the qualities of the therapeutic relation in the music develop the music therapy identity in a way in which methods and person gradually grow together and authenticity and confident awareness characterise the contribution of the therapist. Thus, music therapy as training for music therapists is important in order to develop the therapeutic and relational potential of the music therapist.

9.3.9 Improvisation narratives

I ended the review in chapter 3 by referring to a book by Julie Hibben (1999) about clients' experiences in music therapy, in which two of the stories were told by music therapists who were clients in Guided Imagery and Music (GIM). In the present study, I have chosen to have the qualitative analyses of text and music from music therapy students result in a short narrative connected to each of the students. These "improvisation narratives", characterised by the many metaphors that bridge the conscious and unconscious levels of information, were constructed by me, as the researcher, and as an artistic response to all my data material; this is different from the stories in Hibben's book, which were constructed by the therapists themselves. The narratives in the present study are describing music therapy students as unique individuals who find their own way in developing unique music therapist identities through relational self-experiential processes. The multi-faceted personalities full of resources, as well as sore, soft and painful points, and the multi-layered story of each of them are contained and settled during the learning process – it is "like crystals that move and fall into place" as one of the students (G) expressed about her process.

The eclectic approach to improvisation analysis was very much inspired by Arnason's model (2002).¹⁵⁹ The improvisation narrative, which was a result in her study of music therapists' experiences in an improvisational music therapy group, was also constructed by the researcher and based on a single improvisation, namely the last improvisation (out of 31 group improvisations). This improvisation was characterised as a kind of summary of the musical journey of the group. In the present study each narrative was also based on a single improvisation, in this case chosen by the student participant.

¹⁵⁹ Contrary to Arnason, I did not include musical notations in the final narrative.

9.4 Relating findings to relevant new research literature

In terms of music therapy, I will describe four recent studies, all of them concerned with music therapy students and training. The first study (K. Murphy, 2007) is about self-experience and experiential training, the next two studies are about other training aspects (Luce, 2008; Baker, 2007), and the last study included very briefly here concerns students' background and motivational power in relation to studying music therapy (Seidel, 2008). In the section that follows, I will mention a few recent studies concerning relevant psychotherapy research.

9.4.1 Recent music therapy research

In 2007, Kathleen Murphy published her research about experiential learning in the music therapy programme at Temple University, USA, in the monograph series "Qualitative inquiries in music therapy". The purpose of Murphy's study was twofold: one was to gain an understanding of how experiential learning was conceptualised and implemented by three different professors at the programme, and second was to gain insight and understanding of graduate music therapy students' experiences in relation to the experiential teaching methods. Murphy did two qualitative case studies to address these purposes. As a result of the first study, in which she interviewed the three professors, five themes were identified. The themes are briefly summarised in the following:

- 1) Purpose of experiential learning. The purposes were to develop students understanding of concepts and techniques and to develop their personal awareness and an understanding of the human condition.
- 2) Methods of experiential learning. Several different experiential teaching methods were identified: demonstration of a concept or a technique (in the classroom, teaching subjects of, e.g., music therapy theory); laboratory experiences in which students take the role either as therapist or a client; practicing exercises outside of class; and group models, in which students authentically participate in the process with their own biographical material.
- 3) Roles. There were several different roles identified that the professors or the students take on in different situations.
- 4) Boundaries. The professors expressed boundaries between education and therapy: there are physical boundaries; time and space, educational boundaries; learning objectives should always be clear; and definitional boundaries, i.e., the professors that lead an in-class experience will do so as a teacher of the student and never as a therapist.
- 5) Challenges related to experiential learning. The last theme refers to challenges, and in this respect the focus was to balance between didactic and experiential learning; the professors felt responsible for making sure that the students did understand what he or she had experienced. They also found it a challenge to keep the focus

on experiences' educational purpose, and to avoid confusion in the class when they alternated between teacher and therapist roles. Further, it was also challenging to grade the students in relation to experiential learning.

In the second study, Murphy interviewed 11 music therapy Master's degree students at Temple University, and a focus group format was used. The participants were divided into three small groups for the interviews. Through the analysis of the data material, Murphy identified eight themes:

1) Learning about music therapy. The participants felt they gained a better understanding of the many facets of music therapy. 2) Learning about clients. The experiential learning increased participants' understanding of their clients and they developed a deeper appreciation of what it is like to be a client in music therapy. 3) Learning about being a music therapist. The participants came to a realisation that music therapists do not need to provide all the answers or to get the clients to **do** something; being present and a supportive guide was more important. 4) Learning about self. The participants felt their experiences increased their self-awareness and self-knowledge both on a professional and a personal level. 5) How participants' clinical work changed. The students reported that experiential learning had a direct impact on the clinical work they did as students – especially the responsiveness to clients' needs and the ability to “let go” and trust the music. 6) Boundaries in experiential learning. There were mixed feelings among the participants about who should be responsible for setting and for maintaining the boundaries around an experience, and they found it difficult to have personal issues uncovered and superficially analysed but not fully processed. 7) Students' concerns. The participants expressed concerns about grades even though they were told that their participation in the experiential elements would not affect their grades. They also felt that the distinction of the faculty between “real music therapy” and experiential learning was not right; they pointed out that many of the exercises were close to therapy. 8) Experiential learning in the music therapy curriculum. Most of the students felt it would be unethical if experiential learning was not included in the curriculum. They agreed that their personal experiences were beneficial to their overall learning and it prepared them to face real-life situations. Further, the students agreed that experiential learning should be incorporated into all levels of music therapy education, and not wait until the Master's programme.

According to Murphy, it appeared that the students had learned the most in the role of client (compared to the role of observer or therapist), and she concluded that experiential learning

“weaves together cognitive insight and emotional understanding so that students come away with a deeper appreciation of what it means to be human” (K. Murphy, 2007, p. 54).

In Murphy’s suggestions for future research, she stated that it would provide broader insight into experiential learning if other university programmes were described in depth. She also suggested that the role of self-experience, in which the student participates in personal music therapy sessions, be further investigated. She was also interested in learning more about the long-term effects of experiential learning for the professional music therapists’ clinical practice. The present study may provide some answers in regards to Murphy’s request. In the following, I will comment on Murphy’s study and relate some of my findings to her study.

Experiential learning at Temple University and at Aalborg University is organised in different ways. Most obviously, the experiential learning is implemented from the beginning of the programme in Aalborg whereas it starts at the Master’s level at Temple University. Secondly, it seems that the weighting is different; in Aalborg, the students have more personal therapy where they are authentically in the client position. Thirdly, it seems that experiential learning is implemented in many of the courses at Temple University – the professor uses experiential exercises within various music therapy subjects, whereas in Aalborg it is clear which of the disciplines are experientially oriented or focusing on self-experience.¹⁶⁰ At Temple University, the professors reported that they felt responsible for making sure that the students did understand what they had experienced. This is perhaps an issue that the Aalborg programme should examine more closely. At least one of the nine students I interviewed emphasised that she had been in need of help to understand better what she experienced in the self-experiential processes. In the Aalborg programme, it is evident that learning to trust the bodily and tacit knowledge, the feelings – the more or less unconscious processes – is emphasised.

In Aalborg, the therapist-teachers who lead the processes of personal therapy (individual and group) do not have anything to do with grades. At Temple University, the professor teaches different subjects, including students’ self-experiences, and they have to give grades. This is maybe why the boundary issue seemed to be very serious in Murphy’s study. In the present study, the boundary issue also emerged – mostly as an issue about the challenge inherent in the changing roles that you have to go in and out of as a student in music therapy. The history of the Aalborg programme has involved a process over the years to make the boundaries clearer between the therapy track and the other tracks.

¹⁶⁰ This does not mean that the teachers in Aalborg never use experiential exercises in teaching theoretical subjects.

It is interesting to note that in Murphy's second study the students gained the most from experiential learning in the role of the client compared to the role of an observer or therapist. Also, two of the three educators believed that the student would learn most from being a client. This result points to the need for self-experience inside music therapy education. The convincing results from the first question in my questionnaire, completed by professional music therapists, support this position; 30 of 32 professional music therapists¹⁶¹ reported they would NOT have been able to achieve the same level of music therapy treatment if the training had not included self-experience as client. It was a very clear in the present study, both from the student interviews and from the questionnaire, that the tremendous competence that develops during the self-experiential processes is the ability to meet clients and their special needs. The students develop a human understanding of what it is to be a client in music therapy. As one of my participants said, there is not an "us and them"; the therapeutic relation becomes less distant. This finding supports what Murphy found in her study; the students had learned about meeting the clients and responsiveness to clients needs, and in fact their clinical work changed; they became more aware in the here-and-now and more empathic and sensitive towards their clients. Murphy also reported in her study that because of the experiential learning, the students felt a new self-confidence in working therapeutically with clients. In the present study, a clear finding was that the professional music therapists who responded to the questionnaire felt very self-confident. This confirms that self-experience provides an overall strength and capacity to meet clinical challenges.

Music therapist David W. Luce published an article in 2008 in which he reported a hermeneutic inquiry into undergraduate music therapy students' epistemological development through a specific music therapy course, "collaborative learning consensus groups", at Chapman University, USA. In this introductory training course, small groups of students met regularly to discuss literature and questions posed by the instructor, and in between meetings the groups presented to the whole group what they had learned from their group discussions.¹⁶²

The data consisted of written material and evaluations from the students, interviews with some of the students and the reflective journal and evaluations of the researcher, who was also the instructor of the course.

¹⁶¹ One respondent skipped the question and one answered "I don't know".

¹⁶² In the Aalborg programme, problem-solving group work (project work) is an integrated part of the training in 8 of 10 semesters. This form of learning resembles the "collaborative learning consensus groups".

I mention the study here because the amount of research inside music therapy training is minimal, and it is interesting that Luce's study illustrates that there are many areas of music therapy training that could be investigated. The study focuses on the experiences of the students, but the area of learning that Luce is occupied with is quite different than the area of self-experience and experiential learning. Luce discovered that the students moved through different epistemological stages; gradually they became more open-minded towards each other, towards different ways of thinking, cultural differences etc., and Luce concluded that the "collaborative learning consensus groups" prepare the students for their internship and professional practice:

Without an individual's firm commitment and understanding of relativism, the music therapist may be locked in a "one way fits all" approach to professional practice that would ignore individual and cultural characteristics... the entering therapist may be so concerned with his or her own agenda, that developing appropriate empathy and understanding for the people that he or she serves may not be possible. (Luce, 2008, p. 46)

In the sense that the collaborative learning in groups is very much based on those experiences that the students get through interpersonal relationships and interactions with other group members, it may be possible to identify an educational issue that Luce's study and the present study about self-experience would agree on; learning occurs indeed in relations with the world and the people around; in a continuous attempt to speak up and communicate authentically and in search for consensus and understanding, our horizon will change and expand. But whereas Luce's study investigates epistemological development, I would say the present study primarily focuses on the ontological development of the student. The results have indicated the development of self-awareness, attention towards the clients' specific needs, and flexibility of being in the here-and-now through self-experience learning. On the other hand, the current study also shows that ontological learning and epistemological learning are closely connected. For example, the respondents to the questionnaire report that they are highly competent in relation to understanding their role as music therapist, and that learning through self-experience did contribute very much in this respect. Also, the ability to understand and handle issues of countertransference and the ability to gain from supervision may be fostered by interplay between ontological and epistemological learning.

A study conducted by music therapist Felicity Baker (2007) is relevant in this context as well, because it focuses on the training of music therapy students and on the development of clinical reasoning skills; the ability to make clinical decisions that involve integration of theory, evidence-based research, and knowledge formed from prior experiences. Results from the study indicate that the music therapy students developed their clinical reasoning skills during one semester with “problem-based learning” (PBL) as a teaching approach to facilitate the process. PBL gives students the possibility of experiencing problem-solving through work with an entire clinical case. As in the study conducted by Luce, it is small-group activities that emphasises cooperative learning rather than competitive learning. Baker was the instructor of the PBL as well as the researcher. The groups were given a clinical case description to analyse and instructed to work out a treatment plan.

Several data sources and instruments were used in Baker’s study: 1) student group progress reports, 2) students’ individual reflections, 3) the author’s feedback on the reports, as well as 4) entry and exit surveys. The surveys sought information about students’ own perceptions of their understanding of clinical reasoning and their perceived confidence, competence and independence in making clinical decisions. In the exit survey, students felt substantially more confident and competent in making clinical decisions compared with the entry survey, but the area of perceived independence in clinical reasoning did not change from entry to exit. This result was not surprising to the author since the students were not half way through their clinical training yet, and Baker considered whether the PBL intervention would be more appropriate at a later state of training, since knowledge formed from previous experiences is considered to be an important aspect of clinical reasoning. According to Baker, further research could include investigations of whether and how the clinical reasoning skill is transferred into a clinical setting.

I consider the therapist’s clinical reasoning skills in a clinical situation with a client to be a composite competence closely connected to the person of the therapist. According to the findings from Murphy’s study and the present study as well, the experiential training, especially the part in which the student experiences being in the client position, provides the most profound preparation for practice. The questionnaire results from the present study indicate that the 32 respondents drew from the experiential subjects in their recent clinical music therapeutic tasks. This is not the same as saying that PBL is not needed. In the Aalborg programme, PBL is actually a well-integrated part of the theory track, and the students’ project work often includes elaborated case studies based on *their own* clinical experience from practicum work.

The German music therapist Almut Seidel (2009) conducted a qualitative study in which she focused on the musical background and development of German students who went into music therapy training. The study was based on eight in-depth interviews with music therapy students in the beginning of their training, and for this very reason self-experience plays almost no role in the study. Therapeutic experience before beginning training is not mentioned as an important influence on the choice of education, even if motivating personality factors are also considered in the analysis. As novice students the participants in Seidel's study had not yet begun self-experience training ("Lehrtherapie"), and thus it is not possible to compare Seidel's findings with the findings of the present study. However, Seidel demonstrates how strongly the participants have experienced the existential and identity promoting aspects of being a skilled musician as a highly motivating factor for choosing music therapy as a profession, and also how vaguely the musical element of the music therapist's identity is addressed in (German) entrance tests and in the early training of the programs involved. Even though Seidel conducted an interview-study with music therapy students, it is not possible to relate the study to the analysis of the current study. The documented importance of the music therapist's identity as a musician in Seidel's study is far from the focus on self-experience's impact on development of clinical competencies as presented in the present study.

I have mentioned the study from Seidel because it is concerned with music therapy students and I find it interesting that Seidel investigated the students' background and identity profiles.

9.4.2 Recent psychotherapy literature

In the following, I will describe a few recent studies that examine psychotherapy. The first study is a survey from Norcross et al., which replicates and extends a survey of psychotherapists from 1987. I mentioned the 1987 study (Norcross et al., 1988) in the literature review and above in section 9.3.2. The more recent study has resulted in three research articles: Norcross, Bike, Evans and Schatz (2008); Norcross, Bike and Evans (2009); Bike, Norcross and Schatz (2009).

In the following, I will present and discuss a few selected results from the comprehensive study reported in these articles.

In a comparison between the 1987 survey (710 participants) and the 2007 survey (727 participants), it emerged that the percentage of respondents who have sought therapy at least once has increased from 71% to 84%. Also, today's therapists are more likely to seek therapy multiple times than 20 years ago. This result perhaps reflects that it has become more widely accepted that therapy is an essential aspect of professional development (Bike, Norcross & Schatz, 2009, p. 29).

The two most common problems reported were marital-couple distress (20%) and depression (13%), with the same rank and frequency as in 1987, but the need for self-understanding rose from 4% in 1987 to third place, at 12%, in 2007.

The authors present results concerning how the therapists chose their own psychotherapists. The top-five therapist *selection criteria* remained virtually the same as in 1987: competence, warmth and caring, clinical experience, openness and professional reputation.

In 2007, the participants were also asked in an open-ended question to identify one positive feature from their personal therapy that they would try to repeat with their own clients, and the most frequent features concerned the interpersonal relationship. The top three were: “cultivating the relationship”, “empathy and understanding”, and “acceptance and equality”.

The participants were asked what lessons they learned from their personal therapy, and similar to those therapists surveyed in 1987, the sample of the 2007 study prioritised the therapist’s personal qualities and concerns about interpersonal process above the therapist’s abilities as a diagnostician and the therapist’s use of a specific treatment method (Bike, Norcross & Schatz, 2009, p. 27). The survey showed that psychotherapists emphasise the need for a facilitative relationship characterised by empathy and egalitarianism, both when they go to therapy themselves and when they treat clients or patients, and it confirms again that there is a strong link between the experience of being in the client position and the experience of being in a professional therapist position, as the present study also documents.

Knowing that therapists report considerable personal improvement as well as a strong professional influence on their development as therapists (Orlinsky et al., 2005c) may lead many to wonder about those who have not undergone the experience of therapy themselves.

Norcross et al. (2008) present an examination of the attitudes and reasoning of the 119 psychotherapists (out of the 727 participants in the survey) who had never sought personal therapy. Results showed that the cognitive-behavioural therapists of the sample were less likely to seek personal therapy than other theoretical orientations, and also a greater proportion of self-identified academicians did not seek therapy. Norcross and colleagues point out that academicians and training directors of therapy programmes may have a substantial impact on the students’ attitudes, both through the programme requirements but also as role models.¹⁶³ The group of therapists who had not been in therapy was compared to therapists who had sought therapy, in regards to their attitude towards personal therapy as a prerequisite for clinical work, and a

¹⁶³ This is an aspect about which I consider the Aalborg programme of music therapy to be very aware.

significant difference emerged in the ratings. On a 5 point scale (1: *very unimportant*, 3: *neutral/undecided*, 5: *very important*), those who had never sought therapy had a mean rating of 2.78 compared to a mean of 4.23 for those who had sought personal therapy. Those therapists who never sought personal therapy did not acknowledge the positive professional impact that therapy more than likely has.

Bike et al. (2009, p. 30) refer to Linley and Joseph (2007, p. 392)¹⁶⁴, who found that therapists “who had either received personal therapy previously, or were receiving personal therapy currently, reported more personal growth and positive changes, and less burnout”. Again this confirms what is repeated in the research literature; a majority of professional therapists acknowledge the positive impact of their own therapy on their personal and professional lives. This may cause some wondering about why self-experience and personal therapy are not an integrated part of training more often. The authors cautiously state that on the basis of the research one could argue for promoting the use of personal therapy among psychology graduate students (Bike et al., 2009, p. 29).

Results from the questionnaire used in the current study showed that the music therapists would not have preferred to do without self-experience as an integrated part of their training, and I assume that the same music therapists would have a positive attitude towards the possibility of seeking personal therapy for both personal and professional reasons, but my questionnaire did not address this issue.

The second study that I am going to describe was conducted in Finland (Tiuraniemi et al., 2008). The participants of this study were 117 psychology students from three groups: beginners (students in their first year in the department of psychology), intermediate (in their second or third year) and advanced (in their fourth or later years). The aim of the study was to see how reliably the students assessed their own professional skills. They evaluated their own skills using a questionnaire. Further, their skills describing a psychologist’s practice (proposing what the psychologist should do) in relation to two cases were assessed by an evaluator who did not know to which of the three groups the students belonged. The evaluator classified the students into three categories: the lay helper role; the beginning student phase; the advanced student phase (i.e., the novice professional phase). The group of advanced students assessed their skills as better in every area compared to the two other groups. The biggest gap between advanced and beginning students was in the clinical skills. The correlation between the self-assessed competence and the number of

¹⁶⁴ Linley P. A. & Joseph, S. (2007) *Therapy work and therapists’ positive and negative well-being*. Journal of Social and Clinical Psychology, 26, 385-403

credits in psychology was very high and so was the correlation with the points in the problem-solving task (describing practice in relation to a case). Thus, the psychology students assessed their skills very reliably. The result also indicated that concerning the description of what a psychologist should do in a presented case, even after four years of studies (advanced group), 20% of the students were still at the level of “lay-helpers” and 60% were evaluated as “beginners”. The authors do not directly address this finding in their discussion about this result. They state that: “Education based on research is the main principle of psychologist’s training and based on the evaluation of the skills of the students; one can state that this principle has operated well” (Tiuraniemi et al., 2008, p. 279). And they comment that clinical skills are learned in the final stage of the education as a natural order of progression.

It is obvious from what is presented in the article that the learning progression in music therapy training is basically planned in a completely different way. As mentioned, the programme in Aalborg has three tracks that run parallel, and learning through self-experience is integrated from the beginning and not reserved to the advanced students. Already in the first semester, the module “body and voice with focus on relational competencies” and group therapy are implemented. Practical and personal knowledge are themes in music therapy training and this is presumably why results in the present survey of professional music therapists showed such a high level of self-assessed clinical competence, even for the group with a maximum of three years of experience.

9.5 Relating findings to relevant theoretical topics

On several occasions during my time as a PhD student, I have experienced new doors opening to exciting knowledge and perspectives. In the following, I will elaborate a bit on two selected topics presented in recently published literature and briefly link them to the field and the findings of the present study on music therapy training. I do not pretend that this will be a complete presentation of each of the topics and the enormous field of knowledge, but the following sections will exemplify how my study is related to several huge areas of theory and research.

9.5.1 Music therapy and the meaning of the body

It is obvious that in music therapy and many other professions the knowledge inherent in the professional’s competence is not only mental or intellectual knowledge; it is a personal and bodily knowledge as well (Wackerhausen, 1993, 1997, 2004, 2005).

In essence, music, body and feelings are closely connected, as the pioneer in music therapy Juliette Alvin has emphasised in the past. There is no emotional effect from the music without an equivalent bodily experience and every physical effect from sounds unavoidably produces a psychological response (Bonde, 2009, p. 68). The current developments in neurological science confirm Alvin. According to Damasio (2004), consciousness is a phenomenon close to the human activities and practical life – which means that thinking and reflecting cannot be understood independently from the body and the biological connection to and exchange with the world. This is a break with the thinking of Descartes and his famous motto: *Cogito ergo sum* – I think, therefore I am. According to Damasio, emotions can be experienced on different levels in the mind and the brain, and no matter how unconscious or conscious emotions are, they are related to the body (Vedfelt, 2009, p. 90).

In my own article from 2007, about learning processes in music therapy, I defined different kind of “learning domains” embedded in the experience-based training in which the music therapy student is in the client position. One area was the “bodily domain”, which is closely linked to the concept of “practical intelligence”, where the focus is to experience in the concrete; i.e., music therapeutic methods and ways of relating through experiencing them in one’s own body and also through being a close and bodily present witness to vital processes of peers. The result is competencies that are bodily rooted, in other words, a professional identity that resonates in the body (Lindvang, 2007).

In a new introductory book to the field of music psychology by Bonde (2009), a whole chapter is allocated to the subject of the music of the body; how bodily processes are a part of music perception and how music has a physiological impact on the body. According to Johnson (2007, in Bonde, 2009¹⁶⁵), our way of knowing the world is partly implicit and tacit; from birth and throughout our lives, we are together with and communicate with others through bodily expression, imitation and interaction. This perception and understanding of basic human conditions was also evident in Vedfelt’s theory. In chapter five, I mentioned that Vedfelt describes early childhood development as a kind of apprenticeship (see p. 227). Both Johnson (2007) and Vedfelt refer to Daniel Stern (2004) and the enormous amount of research in infant development and the relation between body and self.

¹⁶⁵ Johnson, M. (2007) *The Meaning of the Body. Aesthetics of human understanding*. Chicago: University of Chicago Press

Bonde refers to Lakoff and Johnson (1999)¹⁶⁶, who have contributed to an understanding of how a bodily experience of music can be articulated through metaphors. Cognition is based on a metaphorical transfer of physical bodily experiences of being-in-the-world. For example, delightful feelings are “up” (“in high spirits” or “cheer up”) and sad feelings are down (“in low spirit” or “down in the dumps”) (Bonde, 2009, p. 78). The metaphors are building a bridge between body and consciousness, and for example we use metaphors to structure our understanding of new and complex phenomena.

This knowledge supports the importance of the body, the bodily experiences, and the bodily anchored music experiences as a way to learn music therapy.

The nine students I interviewed in the present study reported a lot of experiences in which body sensations were informing them during their therapeutic processes. The dynamics of bodily experiences were directly illustrated in some of the narratives, and it is possible to characterise the improvisation narratives as overall illustrations of a “felt body-mind-experience” (Bonde, 2009, p. 78). Moreover the narratives contain a wealth of metaphoric language with the function of bridging the feelings, body and music with language. Some of the student quotes used in the second-order analysis included bodily experiences; in the section about the theme “learning – music”, one student expressed how she felt a lot was happening in her body during an improvisation, but she could not verbalise what it was all about in the beginning (see p. 206). In relation to the theme “learning – consciousness”, a student described how the experience of her body was integrated as she simultaneously listened to the music that she played in the present moment. Furthermore, in the thematic pair of “relationship – music”, a student expressed how she felt in her own body the quality of the relation to the therapist in the improvisation. In relation to “music – consciousness”, I stated that experiencing the music as a client in self experiential training seems to open up the gate to cross-modal experiences and processes; music may produce a lot of imagery, or the music may be felt in the body and the body sensations are then again connected with feelings and memories. The student Olivia was quoted:

I had a deeper feeling of myself when I was present in the music...very much in the body as well, felt it and was very close to myself – in the spine – and I have been able to find those feelings again, through that sensitivity I experienced in the music and in my body...

¹⁶⁶ Lakoff, G. & Johnson, M. (1999) *Philosophy in the Flesh*. New York: Basic Books

Thus the relationship between body and music was quite a dominant issue in the empirical data of the present qualitative study about learning through self-experience in music therapy, and theoretical reflections were also included in the second-order analysis. It appears that when a student is sensing her body and her feelings while she listens to herself playing in an improvisation, it can be described and understood as a development of the skill of cross-modal perception. In Vedfelt's terminology, a "supra-modal space" describes the state of consciousness in which cross-modal experiences are possible – it is a multidimensional psychic space with access to several modes of experiences, and a huge amount of information can be treated very quickly.

A further investigation of the connection between body, music and mind was not possible within the framework of the present study; however I consider it to be a very important and deeply relevant field for music therapists to be aware of and develop insight into – both theoretically and as a personal experiential and bodily knowledge.

9.5.2 Relational psychoanalysis

The meaning and importance of the therapeutic relationship has become more and more accepted inside various theoretical orientations (Schibbye, 1995, 2005; Løvold, 2006). A half century of process-outcome research in psychotherapy documents that the client's experience of the therapeutic relationship consistently has a vital influence on the benefit that the client gains. Further, the research shows that differences in client outcome across types of treatments are neither great nor consistent, and most often the studies show a tendency to favour the kind of treatment to which the researcher is committed (Elliott et al., 2004; Orlinsky & Rønnestad, 2005a, p. 6).

Thus the characteristics and quality of the therapist's contribution to the relationship are crucial, as well as what the client brings. The subjective presence of the therapist is also acknowledged inside contemporary psychoanalysis and the relational perspective has been strengthened over the recent decades.¹⁶⁷

In a Norwegian article from 2006, written by prominent authors (Binder et al., 2006), the theoretical understanding of "relational psychoanalysis" is uncovered. Reading this article was a kind of eye opener for me; I was astonished by how much the theory of relational psychoanalysis,

¹⁶⁷ In 2006, a Scandinavian publication in five volumes with the title "Relationsbehandling i psykiatrien" (Relational treatment in psychiatry) was published by Thorgaard and Haga. The work is grounded in psychodynamic theory, and the books contribute to a weighting of human values and the healing potential inherent in relationships.

as presented by Binder et al., resembles the integrative cybernetic theory described by Vedfelt and used for theoretical analysis in the present study. Relational psychoanalysis is also based on a selective integration of theories and draws upon, for example, dynamic systems theory to understand how experiences of the self are organised through relationships. The authors refer to Seligman (2005), who has written an article about dynamic systems theories as a meta framework for psychoanalysis. According to Binder et al., the human being is basically searching for relationships and searching for meaning. This attitude constitutes a distance to the Freudian focus on instincts and sexual drive. This shift has opened to new theoretical perspectives. The relational orientation acknowledges that the client is primarily motivated for positive change and is not fundamentally resistant. Further, the perception of the self inside relational psychoanalysis is characterised by concepts of various “*self-conditions*” building on theories from developmental psychology; right from birth, a human being seeks contact and interaction with the surroundings and these experiences are integrated and organised in a *network* of “self-conditions”. The relational focus acknowledges that the client is motivated towards development of more healthy and more profound relationships and it acknowledges that the therapist is a participating person, which means that the dynamics in therapy cannot be understood simply from the client’s history and way of interacting, – a more full understanding requires an awareness of the therapist’s specific way of being and contributing. The authors also refer to Stern (2004) and his contribution to the understanding of how “moments of meeting” in therapy facilitates changes in the relational patterns. Relational psychoanalysis emphasises both the intra-psychic and the interpersonal, both previous and current relationships and both the real and the imaginative as dynamic living domains of the human being (Binder et al., 2006, p. 905).

One of the most decisive differences between classical psychoanalysis and relational psychoanalysis is found in the view of the unconscious; the unconscious is not only a container for suppressed feelings and thoughts; it harbours creative, progressive and contact-seeking tendencies as well (Binder et al., 2006, p. 901). Further, the theory maintains the idea of floating borders between conscious and unconscious conditions of the self. All in all, the theoretical elements of relational psychoanalysis seem to resonate strongly with the cybernetic theory that I introduced previously. However, as far as I understand, certain theoretical elements around the conception of human consciousness and the aim of the therapeutic encounter seem to separate the two orientations. Even though a much more including and flexible view of the unconscious is represented by relational psychoanalysis compared to the classical psychoanalysis, there is still an

ambition to focus on working with the client's ability to consciously articulate and verbalise experiences in this orientation. In Vedfelt's theory of cybernetics, "the intelligence of the unconscious" is a main concept – the everyday level of consciousness is not always the most clear and wise. The bodily dimension is emphasised – the importance of listening to the body and listening to inner feelings, whereas the ability to *verbalise* inner feelings is not necessarily a primary goal. The cybernetic understanding of the psyche as a network is based on the assumption that unconscious processes are extensive and play a leading role in our psyche. Moreover, the experience in cybernetic psychotherapy is that clients usually report that it was the content of the non-verbal processes that made the difference – not the words that they were able to ascribe to it (Vedfelt, 2009, personal conversation). This assumption is supported by experimental studies pointing out that the verbal level of consciousness is much slower and works with much less capacity compared to those millions of bits that the total system is able to process. In recent decades, research has been conducted with results documenting that we have an intense unconscious activity parallel to our waking state (Vedfelt, 2001a, p. 300). Therefore, the focus of the therapy in a cybernetic perspective is to a great degree to listen to the intelligence and creativity of the unconscious. As an example in relation to learning processes, the cybernetic theory emphasises the value of learning through practice and bodily experience, insisting that development and wisdom are obtained not through intellectual knowledge alone; the competence of the individual is a bodily tacit knowledge as well – "we can know more than we can tell", as stated by Polanyi (Polanyi, 1966; Wackerhausen, 1997).

9.6 Limitations, critique and further discussion: qualitative component

In chapter four (p. 132), I presented a discussion of how the qualitative component of the study meets specific research criteria. In the following, I will discuss the limitations and possible criticisms of the present study.

9.6.1 Critique of the philosophical hermeneutics

Hermeneutic research is an open-ended and circular process that can be marked by diversity and creativity as well as increasing levels of understanding. (Kenny et al., 2005, p. 347).

The hermeneutic circle has a tendency to end up in harmony, where all the elements are meaningful and new levels of understanding appear, and therefore a critique of the hermeneutic principle might be that contradictions or limitations are more or less invisible within the hermeneutic framework. When the hermeneutic researcher is going in circles, she might risk repeating herself and not finding anything new, for which reason the hermeneutic way of researching risks ending up as an uncritical approach. I have tried to meet the challenges of qualitative hermeneutic research through member checking and through self-inquiry. And as mentioned above, in chapter four I examined various research criteria, and I used the EPICURE agenda (Stige et al., 2009) in order to evaluate the study and create a trustworthy report. Still, I acknowledge that it is difficult to step out and be critical because I am so much a part of the research.

Earlier I referred to Gadamer and his thinking regarding philosophical hermeneutics. Gadamer has been criticised for being conservative because of his claims concerning tradition in relation to knowledge, truth and understanding, and that his thinking leads to a maintenance of the status quo and resistance to change in society. However, practical reasoning and the search for a merging of horizons are some of the key concepts in Gadamer's work, which always includes a critical element that calls forth and revises our prejudices (Walhof, 2004). Gadamer states: "It is wise to acknowledge that our own insight is limited; because this is exactly what gives us the possibility of obtaining more insight, no matter from where it may come" (Gadamer, 2000, p. 68, author's translation). The main point in my understanding of Gadamer is his emphasis on an open attitude acknowledging one's own historical and cultural standpoint, and I did not consider any political implications of his thinking, which may be seen as one of the shortcomings of this dissertation.

9.6.2 The choice of method

The focus of the qualitative component of this study was on the students' experiences of learning through self-experience, by means of music, body, imaging etc., i.e., processes that were partly nonverbal. My decision to investigate such a complex and partly tacit phenomenon was followed by many considerations on what the most appropriate method would be. In chapter 4 (see p. 69), I presented reflections upon this, and I concluded that the qualitative interview would be the best choice while also taking ethical issues into account.

The fact that I chose to include an improvisation example from each student, remedied the shortcomings of the spoken word. The analysis of the music contributed to the process of

hermeneutic interpretational inquiry and a picture of the whole. The fact that it worked out well with the methods that I chose does not mean that no other methods could be relevant in researching the area of self-experience in training. But related to the research questions and seen in the context of the students' life-worlds, I was not able to identify a better methodological approach.

9.6.3 The choice of participants

In Denmark, we have only one training programme in music therapy, which means that I did not have the possibility of choosing a context other than the milieu of Aalborg University, which I know so well, for my research. Moreover, it was the concept of self-experience as a part of training that held my interest. It may be proposed that I was too coloured by my relation to Aalborg, where I was a student myself. Choosing participants that studied in Aalborg did have and will have the consequence that I meet these people in the milieu around Aalborg now and in the future. Did I really consider the ethical issues inherent in this situation? The music therapy milieu in Denmark is actually so small that I would have had to go to another country to find my participants if I wanted to avoid this special situation. From the outside, the situation may look rather peculiar, but I think that Danish music therapists are used to socialising with each other in many ways and even have different roles and relationships in various situations over the years. I do not say that it is always easy, and I acknowledge that I have a responsibility in relation to the participants that will never end – for example in assuring their anonymity.

I did not consider the possibility of using an interviewer who came from another professional area. It is obvious that the data would have been different. It would have been exciting to see what kind of knowledge this would produce. However, it may also be viewed as an indispensable advantage that I did the interviews and the analysis myself. I have thorough insight into the field of self-experience to start with and a distinctive respectful attitude towards what these students have lived through during their self-experiential processes.

9.6.4 The choice of focus

I chose to focus on students' self-experience in that part of the training in which the students are in the client position. And I have doubted sometimes if this was the right dividing line. Other subjects around experiential learning, for example body and voice work or KGMF (clinical group music therapy skills), I chose not to include as my focus. Nevertheless, the students sometimes

experience that what they learn from this kind of training is deeply personal, even though the sessions did not focus on their personal histories, feelings or relations. The reason for trying to narrow the focus to the personal therapy issues was the feeling that otherwise a huge amount of material would unfold in too many directions. Of course there is an interplay between the different subjects, and what the student may gain from one study element may influence other study elements. In practice it is difficult to separate completely the self-experience as client from other experiential learning situations.

9.6.5 The choice of methods for analysis

It was my experience that the tools I chose for text and musical analyses functioned very well. As I reported previously, I had some struggles choosing a text-analysis tool – and it is obvious that I did not make full use of the program AtlasTi. I used the program to get an overview of the interviews, to code the material and to structure some of my notes, but the program has more far-reaching tools for analysis. I did not make complete use of the software, but created my own hermeneutic way of going forth and back between the levels, to produce the hermeneutic summaries, and later to define the main themes from a horizontal perspective. Maybe it would have been easier for the reader to follow my thinking process and my stages in the analysis if I had made better use of AtlasTi.

The music analysis model from Arnason (2002) was reshaped for the current study, and a research assistant completed the first four steps of the analysis. I followed the work of the assistant and completed the analysis procedure. The cooperation with the assistant functioned very well in my opinion. The analysis of the material was triangulated and the results from the assistant's work laid the ground for me to produce the contextualisation texts and the improvisation narratives, which I experienced to be an exciting and creative process. The narratives are small poetic stories that speak for themselves. I understand them as complex and rich – but I also realise that the reader may miss a more simple and tangible result.

In principle, other methods for analysis of either text or music could have been chosen. The different results would then have served as pools of information in an eclectic dynamic model of hermeneutic interpretational processing. However, the choice of using an arts-based research analysis method was based on the ambition of capturing the multi-layered experiences of students and based on the acknowledgement of artistic interpretational processes as leading to new levels of understanding and engagement. With the creation of the improvisation narratives, another level of analysis of music therapy students' experiences was obtained. This implies that other

dimensions of awareness can be added to what we already know about self-experience in the training of music therapy students (Austin & Forinash, 2005, p. 470).

9.6.6 The choice of theory for the second-order analysis

As described in chapter 6, a great deal of reflection was associated with the choice of a theoretical point of reference in relation to a second-order analysis of the empirical material (see p. 215). I found the study and the empirical material to be a blending of learning and therapy, and a theoretical reference broad enough to meet this overlapping field was needed. As a main reference, the integrative theory of cybernetic psychology, described in books and articles by the Danish author and psychotherapist Ole Vedfelt, was chosen. The fact that I had attended a training group at Vedfelt Institute for quite some years influenced my choice.

In light of this, the burning question is whether I am able to look critically at the implementation of the chosen theory. In the following, I will try to reflect upon possible points of criticism.

The cybernetic theory is rather complex and the complexity implies that the theoretical territory is vast, and therefore may be overwhelming, rather than serving as a helpful map. Thus, this theory may be perceived as abstract, which is understandable if the process of comprehension is based on ordinary theoretical learning alone. Practical self-experiential learning has been a great help to me in order to grasp the fundamentals and the dynamics of the theory. It may also be difficult to approach and work with the theory because some of its terminology (from engineering) is unfamiliar, and numerous meta-theoretical concepts are in play.

Another criticism that could be levelled against the use of this theory is that it is relatively new and not yet empirically supported as an integrative psychotherapeutic theory and practice. It needs to be tested and tried out in different areas and professional fields.¹⁶⁸

I have chosen to try to contribute to this process by implementing the theory in this music therapy study and I have tried to connect the empirical material with the theoretical concepts, to let the empirical material and the theory enrich each other so to speak in my hermeneutic circling back

¹⁶⁸ It is worth noting that a group of psychologists have described how they apply the cybernetic theory, as defined by Vedfelt, in their daily work as psychologists:

Tolsgaard, L. & Groot, A. (2002) *Tanker og erfaringer vedrørende relationsorienteret psykologarbejde på et PPR kontor*. Pædagogisk Psykologisk Rådgivning, 39, 4 p. 352-361

Groot, A. (2007) *Ubevidst informations betydning I det udviklingsstøttende samspil*. Postgraduat opgave til specialistgodkendelse i psykoterapi. Dansk Psykolog forening.

Rønsholdt, J. (2007) *Selvudvikling i en relationel, ressourceorienteret og anerkendende terapiramme*. Postgraduat opgave til specialistgodkendelse i psykoterapi. Dansk Psykolog forening.

and forth. Most importantly, I found that the chosen theory worked fine in my second-order analysis; from a meta-theoretical perspective, it turned out to be possible to map and describe the complex human and personal formations and transformations that the students go through.

As described in a previous section about relational psychoanalysis, Vedfelt's cybernetic theory is actually in line with recent theoretical developments across orientations in psychotherapy. I mentioned how understanding the relation between the intra-psychic and the inter-personal system and how the use of the concepts inside relational psychoanalysis are to a great degree inspired from systemic thinking. Moreover, the cybernetic theory appears to have a lot in common with music therapy theory and at the same time it offers new perspectives on several levels of our understanding (Lindvang, 2002, 2007, p. 570). In relation to the present study, the cybernetic theory furthermore is in line with the thinking related to the arts-based analysis (the creation of improvisation narratives); music and the arts can provide access to levels of information that are not available in any other way (Austin & Forinash, 2005). Based on these observations, I feel confident in saying that the choice of theoretical perspective was not indiscriminate, and not simply marked by my personal preference – rather, it was a professional, substantiated and far-sighted choice.

9.6.7 Description of the “negative cases”

In order to be do a trustworthy study, it is important to be open to contrary findings, and include those findings that do not directly substantiate the preconceived position of the researcher (Robson, 2002, p. 169). As the improvisation narratives illustrate, the processes of self-experience in music therapy training may be tough and demanding work as well as releasing and revitalising. The processes take the student a step further in a developmental circle. The qualitative study points out that conflicting feeling in self-experience learning are normal. But as reported in both the qualitative and the quantitative components, some of the students and a few professional music therapists mention clear negative experiences that maybe exceed the ambivalence and problems that often emerge in a personal therapeutic process. Earlier in this chapter, I tried to liken these elements to findings from the literature, showing that therapy can do harm. Perhaps I could have elaborated more on the negative cases, and spent more time on them, acknowledging that the voice that felt “not-heard” during the training should be heard now. If the group of students or the group of professional music therapists is viewed as a common multifaceted organism, I consider it important that the negative experiences are included and that

participants are allowed to speak up; dark areas should be visible, as a part of a possible field of pain. When the pain or the violation is expressed and reported, it is possible to talk about it and to acknowledge that each student is assigned to a relationship of power. Therapy is an ethical enterprise and so is therapy or self-experience within training. The power relation between students and teachers and the related ethical dilemmas could be further investigated and better articulated than it has been possible to do in the current study.

9.6.8 Topics that I did not present fully

An extract from the interview with the student Gitte, illustrates two themes that I consider very important and actually not fully investigated or adequately put into light through the analysis process. These themes concern 1) the importance of and the characteristics of relationships with fellow students and 2) what it means to enter the training programme at a very young age – or just what it means to enter the music therapy training programme, no matter the age:

Interviewer: Yes. So it is of great importance how the fellow students are, how the group dynamic works and also what you are a witness to?

Gitte: Yes it does. Especially when you enter the programme as only a 20-year old, as I did – and without any therapeutic experience, and thus it is so important I think, how the climate is in the group.

Several of the students that I interviewed talked about the beginning phase of the training as a very challenging phase. Several expressed difficulties in relation to entering the culture of music therapy. For some of them, therapy in general was new to them.

Going through the dynamic pairs of the star-model, I mentioned the challenging phase of beginning training in relation to the pair “learning – self-development” (see p. 204). Through self-experience, the students expand their knowledge about who they are, and gradually they get to know more about what music therapy is; but what about the transition from where they came from into the training of music therapy?

As mentioned in a previous section about the process of defining the overall themes of the 101 code-families (see p. 198), I chose not to let the students’ background constitute a theme in the analysis. The students’ background would presumably have been treated more in depth if it had turned out to be an overall theme.

A German study (Seidel, 2008) examined this issue, as mentioned above, and below one of my suggestions for future research follows up on this issue.

9.6.9 The researcher's impact on the whole process

In the present study, I have been consistent with the hermeneutic tradition of self-evaluation through reflecting, reporting and demonstrating a basic attitude of awareness and acknowledgment of my own contribution to the research. In chapter four, I presented excerpts from my personal log in relation to each phase of the inquiry and I have accounted for some of my contributions as researcher along the processes of analysis (see p. 125 ff.). As mentioned before, processes of interpretation have happened all the way through the study; the students were interpreters of their own experiences, in the interview dialogue a common interpretation took place, and after gathering the empirical data I have been sitting at my desk continuing the interpretation through text analysis and music analysis. I have clearly been working in a hermeneutic circle, including my own horizon, my impressions and my ongoing thoughts. But it is extremely difficult though, if not impossible, to construe and present my own foreknowledge completely, because that foreknowledge is already a part of me (Dahlager & Fredslund, 2006). Thus, I find it difficult to be sure that my background, my horizon and my line of thought have been sufficiently clear and comprehensive to the reader throughout this thesis.

One criticism might be that I did not include my own statements in the second-order analysis (see p. 203 ff.). I quoted the students and I attempted to let the voice of all nine students be heard – but I did not consider the interaction between me and the interviewee in this context. I left out my own contribution and chose to focus on what the students expressed. I hope that my examples in chapter four of my own role as interviewer gave the reader an impression of the dialoguing, so that it is possible to read all the quotations in the second-order analysis knowing a little bit about the conversation between us that lead to these expressions.

9.7 Limitations, critique and further discussion: quantitative component

9.7.1 Development of the questionnaire

In the present study, I developed a questionnaire that asked music therapists in the field how they evaluate their clinical competencies and the impact of their earlier self-experiential training. One limitation is that the questionnaire was constructed for this study; the tool had never been used before and thus it was not possible to compare the results with previous studies using the same

tool. On the other hand, the amount of research in this field is sparse to non-existent, which may lessen the critique. But it is important to be aware of the limitations of the survey.

9.7.2 The limited focus of the questionnaire

The focus in the current study was on music therapists' evaluation of their own competencies and their evaluation of how much self-experiential learning contributed to the development of these clinical competencies. First of all, it is important to mention that other music therapeutic competencies could be important to the work of professional music therapists and they might be interesting to evaluate as well. It should be noted that the present study addresses one part of what a music therapist's professional identity is as a whole.

Secondly, another limitation might be that the survey was only administered to music therapists who were educated in Aalborg. But as mentioned previously, the Aalborg programme is the only music therapy programme in Denmark, and it was therefore not possible to compare students' experiences in different training programmes. Thus, the participants were all trained in a primarily psychodynamic-oriented tradition, which emphasises the need for self-experiential learning and personal therapy integrated in the programme and therefore it may be a consideration that the respondents' answers were predictable because they were coloured by the tradition and culture of which they are a part. Obviously, the questionnaire investigated an area that the informants had thorough and personal knowledge about, and the purpose of the survey was precisely to ask the participants to reflect on competencies and self-experience and give their informed evaluation. In this way their answers were not limited or reduced. Furthermore, there were no hypotheses for this exploratory survey – the results of the survey therefore were not expected – many details were revealed and the relationship between competencies and self-experience were more consistent than I would have guessed. Unexpectedly, the survey results showed the tendency for a high level of self-rated clinical competence among respondents.

9.7.3 Unknown variables

All in all, there are many questions concerning the training programme and the learning processes the results from the questionnaire do not answer. Even the development of those competencies that self-experience has contributed “to a high degree”, may just as well have developed through the influence of other important factors; e.g., factors that lie outside the music therapy training and outside the university; maybe close relations or therapy or other important processes or life events. We have gained new knowledge about the importance of self-experience, but this does not

exclude the possible importance of other factors. I simply did not focus on other factors in this investigation.

9.7.4 The use of a five-point scale

It is also important to be aware that the results of the present survey are not based on a conclusive measurement. It is not possible to calculate the exact values of the five possible answers: “not at all”, “a bit”, “to some degree”, “very much” and “to a great degree”, since we do not know exactly what these words, these degrees, really mean to each of the respondents. Rather, the results document “tendencies” amongst Danish music therapists and as such the survey may make a contribution to discussions about music therapy training and about clinical competencies.

9.7.5 The non-respondents

Forty-five music therapists received the online questionnaire, and we do not know why 9 people did not respond. They might have had negative experiences that they did not wish to share. It is common for potential respondents to refuse to participate because of the perception of him/herself as not being the type of respondent the researcher is looking for. We will never know how the results would have been had they all answered. This is a condition inherent in the survey questionnaire and this is why a high response-rate is needed to be able to ascribe any value to the results. The fact that the questionnaire allowed for respondents to answer “I don’t know” or skip the question did influence the analyses of the constructed scales (Cronbach’s alpha and Pearson’s correlation test), since only the complete cases could be used in those analyses; thus the number of valid responses decreased and the sample size was reduced.

9.7.6 Possible bias

One limitation of the study is that the results are based on music therapists’ self-reports; there could be various forms of bias involved. On the other hand, self-report is a source of information commonly used in international studies about therapists’ own therapy and professional competencies (Geller et al., 2005; Orlinsky & Rønnestad 2005a; Norcross et al., 1988; Norcross et al., 2009).

Further, it is relevant to consider that the group of music therapists in Denmark is rather small and many know each other more or less personally. It is possible that some of the respondents may have had the inclination to support my research study by providing what they think is a positive response. A few music therapists out of the 45 did their individual self-experience with me as their teacher-therapist, and even though it was 8-10 years ago, it may still influence their

answering. The fact is that all respondents are anonymous and we do not know if these music therapists are among the respondents or not, and we can not be sure what kind of influence it may have had on their response, if they responded. However, most of the respondents are mature adults between 30 and 40 years old, with academic degrees and a lot of life-experience, characteristics suggesting that their answers were genuine.

9.7.7 The limited possibilities of comparison

In the questionnaire, one of the background questions asked for the client group that the responding therapist was working with. Almost all of the respondents mentioned two or three different types of clients that they work with, which makes it impossible to analyse if the choice of working area has any connection with how competent the music therapist perceives him- or herself to be, or how the impact from self-experience was evaluated. It may be a point of critique that the possibility of such a comparison analysis was not secured. On the other hand, it is a real life condition that most music therapists in Denmark combine several (part-time) positions and work with different clients, and I would suggest that this condition emphasises that the music therapy profession requires flexibility and solid therapeutic competencies related to clinical tasks with different clients in different institutional contexts.¹⁶⁹

9.7.8 The choice of analysis of questionnaire results

As reported in chapter 8, the data were examined concerning descriptive statistics first, and the focus was on the distribution of answers according to each question separately. At a research seminar in Aalborg (2009), I presented some of the material to the PhD group, and through a discussion with Prof. Christian Gold, one of the statistical experts in the music therapy

¹⁶⁹ In the survey from Hald et al. (2001), mentioned in the literature review chapter 3 (on p. 59), participating professional music therapists evaluated personal music therapy as “necessary” (29 answered “very much”, and 6 answered “to some degree” to the question about the necessity). The authors pointed out the tendency that music therapists working with adult clients and in psychiatry evaluated their personal therapy as more valuable compared to music therapists working with children and the mentally handicapped. This may correspond to Macaskill’s findings (1988), which suggested that there would be a significant effect of the therapist’s personal therapy on the client outcome especially with very disturbed or challenging clients. In this situation, the therapist would particularly benefit from improved empathic skills and increased self-awareness. I agree with Macaskill, but I would also suggest that challenging clients and challenging contexts could be found in all areas of music therapy work. The present survey did not confirm the tendency from Hald et al., which I would also deem as resting on a fragile foundation.

programme, it became clear that the empirical material involved could be analysed further (i.e., inferential statistics). In a follow-up consultation, Gold and I discussed what the relevant and appropriate choices related to further analysis would be. I learned from this process that unknown possibilities of analysis might be hidden in the empirical material. And even when working with statistical analyses, it can be a matter of choice what to illustrate and point out.

9.8 Considerations around using mixed methods – advantages and limitations

Basically, I do think that both quantitative and qualitative studies can be of use, if the method fits the question you are asking. And also, it is possible to combine methods, when you are able to see from a design point of view, related to the specific research questions, that it would be meaningful to do so. Sometimes you examine numbers, because you need to look for patterns and overall tendencies, and sometimes you look for qualities and you would like to know more about a phenomenon. In my study, I was first of all using qualitative methods to find out something about students' experiences and I found it relevant and interesting to add a question that linked the students' material to the field of professionals – to give a perspective to the qualitative findings I created a questionnaire. Thus, in the present study I found it meaningful to combine the methods. But the challenge of doing a mixed-method study can be that the two methods or parts are very far away from each other; each method demands specific knowledge and skills from you as the researcher, and it may be hard to really follow one way of thinking very thoroughly and then leave space for doing the same with another part of your study. The risk is that you lose in depth what you have won in breadth, as Carolyn Kenny expressed in one of our research seminars in Aalborg. After all, it is a challenge to step into the research training (a PhD programme) to learn about research methods, because you have to make an informed choice about which methods to use in order to answer your research questions and at the same time it is a process of learning by doing. If you succeed at using two research methods and the two types of research findings supplement each other in a balanced way, I believe that it can beautifully illustrate how compound and complex the world, human life and human thinking are. And I like that space; I like the intellectual freedom, that sort of acceptance of different worldviews. I believe that the greatest challenge is to be clear about what science does not give answers to – or be aware of the limitations of your own study, to be clear about which questions you got some answers to, and be humble towards what truth is.

No method exists that can grasp it all, we can never map everything, but we must find or choose the most meaningful method. And as Polyani (1966) has stated, meaning will always be connected to intellectual freedom: the achievement of meaning cannot properly be divorced from intellectual freedom.

In music therapy, the qualitative methods are connected to a wish for immersion and understanding of the unique and the concrete phenomenon, whereas quantitative research methods are often linked to the search for evidence that music therapy has a positive effect on the clients. I do believe that we live in a world where music therapy needs both qualitative and quantitative research to develop our identity, our profession and to gain respect in the health care community.

9.9 What did I learn?

9.9.1 A meta-theoretical perspective on the process of researching

From a theoretical perspective, it is possible to regard the research process like a system in itself. The qualitative part of my study, for example, I regard as a circling process, where reflecting and learning continuously influence the next step.¹⁷⁰ I have previously described the basic processes in systemic understanding of learning (see model, p. 225): the subject is a system, but also always a subsystem and therefore a part of a larger social system, because systems are embedded in each other. Regarding a research study to be an autopoietic system (Dahler-Larsen, 2002), means that it is self-referencing – it uses its own products, experiences and partial results as a foundation for continuation of the process (system internal reflexive processes). At the same time, the system has contact with the surroundings (system external feedback), which means that it is an open system – some of the time. The self-reference implies that the system is also closed sometimes. Viewing the research process in the light of this theory is a repetition of what I presented in relation to the qualitative analysis and the concept of reflexive thinking, but on another level.

What I may ask myself from this perspective is the following: did I find the right balance between being a closed self-organising system and being an open system receptive to feedback and external impulses. When I reflect upon this question, I start to think that I might, or the project might, have been too open sometimes, with the consequence that too much information came into the system and it was a challenge to keep up with the needed internal reflective processing while

¹⁷⁰ In quantitative research, the design is fixed and therefore it is a more linear process. I have experienced, though, that the preparation of the survey and the development of the questionnaire was a circling process, with a lot of reflection, feedback from colleagues etc. (see p. 246 ff.)

the system was “closed”. In other words, I have sometimes been so inspired, so open towards different theoretical or philosophical perspectives, that I was on the one hand energised and on the other hand almost overloaded.

9.9.2 Learning from the student participants

The students find themselves in a process in which they open up to a whole professional area. They need to find their personal identity and make the profession their own. Education is a phase in life that points to the future. The students’ way of being reflective and honest about their learning processes impressed me, and their ability to be critical was very refreshing to me. The qualitative research interview comes closest to the idea of research as learning from and together with the participants in the research process (Tanggaard, 2006a), and as I mentioned in my methods chapter (see p. 89 ff.), I found that each interview held examples of a co-construction of knowledge due to a conversation characterised by a mutual seeking for meaning and understanding.

9.9.3 Learning to be a researcher

I am becoming increasingly aware of how little I know, even though I realise that I know more about research now compared to when I began my studies. The feeling of not-knowing has to do with realising how great the field of knowledge is, and I acknowledge that my expanded horizon implies a sort of humility towards the complexity of knowledge and truth. I also acknowledge that a part of what I learned may be integrated in a tacit way.

I may have learned a decisive point about academic work; I have met problems along the way, I had to think, discuss and reflect, and then be ready to take a decision on the best possible basis. I have learned to realise that meeting dilemmas and difficult questions is not tantamount to failing as a researcher – rather the reverse. I have experienced that some of the difficult questions hold something really important, and through struggling with confusion and giving time to the process of reflection, a new clarity emerged.

According to Kvale (2004b), learning to do research is an area with elements from apprenticeship, which implies that knowledge is obtained through practice and that research is viewed as a kind of craft. Furthermore, research is learned through participating in a research milieu which is lively and dynamic. For example, at the music therapy research programme in Aalborg, the PhD students have the possibility of gaining knowledge from research experts as well as following each other closely, sharing experiences and learning from each other as we advance.

It has been a challenge to contain stressful feelings and questions like “do I meet the requirements”. I have found a balance in thinking about the study as a learning process – that makes me feel reassured and it confirms for me that “learning is related to life as breathing is to oxygen” (Hermansen, 2003, p. 174).

9.10 Implications for training

According to the survey results, the conclusion was that self-perceived clinical competence was rated to be very high by the music therapists, and self-experiential learning was evaluated to have an important and strong role in the development of clinical competence. Thus, the present study suggests that training without self-experience may cause reduced confidence, strength and clinical ability in the professional music therapist. Further, the qualitative analysis of the students’ experiences gave insight into the learning processes and confirmed that a process of personal and professional growth takes place, through which the identity as music therapist begins to form. The qualitative second-order analysis, through which the star-model emerged, pointed out how important it is that music therapy students go through self-experience primarily in music therapy. The students might profit personally as well from other therapeutic methods, but it is an important professional concern that students learn how music can be a transformational vehicle in the therapeutic process, and quotations from the students’ interviews illustrate how processes of self-experience opened up to a deep understanding of music in therapy. It was pointed out that music therapy students have a very active memory in relation to music improvisation, remembering things from the past while they play, as well as remembering very well the improvisation a long time after it was performed, or sensing their body listening to themselves play – this can be described and understood as a development of the skill of cross-modal perception. Also, the relational ability to sense the client and oneself simultaneously is a part of that competence. On the basis of the present study, it is therefore reasonable to recommend the Aalborg programme maintain self-experience and personal therapy in music therapy as an integrated part of the training of music therapy students. Since negative experiences have been a fact for some music therapy students in the past in relation to this part of the training, it is extremely important that the programme continuously discusses and evaluates the quality and ethics of what is offered to and required from the students and that the staff members stay open in relation to criticism and

considering changes. It is furthermore essential to continue to draw clear lines of demarcation around self-experience.

Self-experience learning was perceived by the participating students as contributing to very powerful developmental processes, often difficult at the beginning; the entry into the culture of music therapy and self-experience was reported as very challenging. Moreover, the interviewees, who were near the end of their studies, responded that the dialoguing interview and their reading of the transcript was a great help in order to understand the personal and professional development and formation that they had gone through (see p. 104). Thus, participating in the reflection upon what they had learned through self-experience over the past four years seemed to fulfil a need. On the basis of this information about beginning and ending and on the insight into the challenges of implementing personal therapeutic processes as part of the training, it is recommendable that the programme considers how to build a stronger framework around the self-experience. This could be done through, i.e., a thorough and caring introduction to the therapeutic track in the beginning of the training as well as a termination at the end. A further suggestion is that students should maintain personal portfolios during the years of their education, in which documents and reports related to self-experience and development of therapeutic identity are collected. Near the end of their studies, the contents of the portfolios should be condensed or transformed into an artistic expression and somehow shared with the group in order to raise the level of self-awareness and self-reflection. It is also possible to consider a part of the practicum examination (by the end of the ninth semester) to be a reflection upon such a personal portfolio.

9.11 Implications for clinical practice

The purpose of self-experiential learning is to prepare the students as thoroughly as possible within the framework of an educational programme to meet the clients in the field and undertake music therapy. According to the present study, self-experience does contribute to the development of the required clinical competencies. However, it is not possible to be prepared for everything; the concrete reality and the concrete tasks the music therapist meets may be beyond the scope of what the therapist learned as a student. As the psychologist Søren Willert (2007a) advocates, the therapist needs to meet the complex reality with a qualified “not-knowing”, with an openness and competence of flexibility, various possible ways of understanding and intervening, and with the ability to reflect – however, if the concrete situation calls for support, supervision would be an

obvious choice. As stated by Fog and Hem (2009), first the personal therapy and later the supervision may give the therapist those experiences that enhance respect towards the client and his way of being.

In an international survey mentioned earlier in this thesis, the DPCCQ ¹⁷¹, a large number of psychotherapists reported on numerous topics, among them the topic of career development. The common high positive ratings were given to supervision and personal therapy, only “experience with patients” was rated higher (Orlinsky & Rønnestad, 2005a, p. 136).

In the current study, one result from the questionnaire survey was that the ability to gain from supervision was the highest rated competence of them all, with a mean score of 4.72 on a five point scale. Comparing the two groups (music therapists with more or less clinical experience) the result was almost the same. Regardless of experience, music therapists evaluate their competence to be high in this respect. The impact from self-experience training was also evaluated to be high with a mean of 4.16 on a five point scale.

In the literature review, I mentioned a qualitative study by Wiseman and Shefler (2001). One of the six domains that their analysis yielded was “mutual and unique influences of didactic learning, supervision and personal therapy”. One participant in the current study stated: “I don’t think I could have been in meaningful supervision without being in personal therapy” (see p. 53).

It is plausible that self-experience and personal therapy in training prepare for supervision in clinical practice. Basically, it has to do with awareness of the here-and-now when working with clients, secondly to be ready to take the experiences into the open with a supervisor. Thirdly, the ability to gain from supervision is connected to the focused training of the consciousness; to be able to select and focus on important elements, and to be used to concentrating on those feelings, images, and body sensations etc. that may occur and be able to reflect upon those processes. If such clinical competencies are present, supervision can be conducted on an advanced level, which is likely to benefit the clients. ¹⁷² The contrary may happen if the supervisee did not have any personal therapy in training or after training. As mentioned in chapter 3, it was Jung who stated that empathy from the supervisor may be sufficient in supporting supervisees through a life crisis,

¹⁷¹ DPCCQ: The development of psychotherapists common core questionnaire. Initiated in 1989 as a cooperative enterprise by the Society for Psychotherapy Research (SPR) - Collaborative Research Network (CRN).

¹⁷² In Denmark, a supervisory training programme has recently started. In the future it will be possible to get music therapy supervision by a music therapist trained in supervision, and I believe that there will be a potential space that will attract music therapists; the subliminal processes which happen in music therapy, where music, feelings, bodily experiences, images etc. occur can then be worked through in supervision like a continuation of the therapy, using the same creative resources.

but more sophisticated skills are required to work with a supervisee whose personal therapy has not yet reached some of the depth that is revealed through the supervisee's work as a therapist with the client.

I have brought into focus the importance and meaning of self-experience in therapy training, and still I am very aware of the complexity of the learning processes. Experience and practical knowledge will not do it alone. The ability to reflect will also develop through challenges. The theoretical knowledge that the students get contributes to the ground that the students need to stand on and grow from. The music therapy profession is still an integration of the academic disciplines with the musical and creative disciplines, built together with the therapeutic and bodily knowledge from self-experience and practicum.

9.12 Future directions of research

The “tree of knowledge” (Kenny, 1998) is a metaphor that illustrates the connections between philosophy (roots), theory (trunk), method (branches) and data (fruits). It is like a “composting process” of research that Kenny presents, and she states: “ Ultimately, the data returns to the earth, which in turn, nourishes the roots of the tree of knowledge for seasons to come” (Kenny, 1998, p. 213). I understand from this that what I have found in the present study must be seen as a part of a whole and a story to be continued. The fruits of the present study will pass along something. Gadamer urges that we keep our curiosity as researchers, and use our knowledge to open up new sorts of questions. In the following I will suggest some continuations for this line of research.

9.12.1 Future research related to the findings of the present study

It could be interesting to use the empirical data material provided by the present study in an analysis based on a different method. If I stick to phenomenology – what essences would be revealed? If I use grounded theory, what kind of theory could be developed?

The present study showed that elements of apprenticeship learning is a major factor, including that relationships to peers and teachers happen as well in the corridors and mean a lot to the students' development, for which reason it could be interesting to do a field study in the university.

In relation to the discussion about the confidence of the novice therapist and the jump from training to professional practice, it would be interesting to follow what the present study pointed out; that self-experience and practical-oriented training seem to prepare the student to go into practice with less nervousness and more self-confidence, and investigate the conditions and experiences of novice therapists from different professions and programmes.

Following the findings of the present study, it would be interesting to do a follow-up investigation some years ahead. For example to follow the same nine students, interview them about their clinical work, maybe observe their way of working in music therapy, to see how their therapeutic competencies developed and what characterised their working style. Probably it would be possible to ask the clients to evaluate what the most important thing in music therapy is – and see if the result would be the same as in other therapeutic orientations; that clients value the relationship, and the warmth and empathy from the therapist are the most important.

It could also be a possibility to do a survey of the same group of professional music therapists in the future, to see if the self-evaluations change over time. And I believe it would be relevant to look for levels of fatigue, burn-out and stress and how the music therapists are able to cope with these issues. According to the literature, burn-out is a less widespread condition among professional therapists who entered personal therapy once or several times during their careers (Orlinsky & Rønnestad, 2005a p. 175).

Another path to follow would be to arrange an international study about experiential learning, for example to investigate how music therapists from different countries evaluate their own clinical competencies and maybe ask them if there is a need to implement more personal work in their training.

It would be interesting to know more about the extent of and the reasons why music therapists, in Denmark or abroad, seek personal therapy and also which kind of therapy they seek and other aspects about professional development among music therapists. In relation to the question about learning through personal therapy, we could ask what particular aspects of music therapists' own personal therapy are they likely to repeat with their own patients or clients? In what respects are music therapists similar to or different from therapists from other professions? Following the

investigation into the personality profile of Australian music therapists (Holmes, 2003), it would be interesting to do a similar study with Danish music therapists (see note p. 298).

9.12.2 Future research addressing limitations of the present study

As I mentioned above, the theme about music therapy students' background was not examined in depth in the present study. I noted that a study in Germany brought this matter into focus. It could be interesting to follow up on Seidel's work and investigate the background of music therapists in Denmark. It would be exciting to follow the students' first step into the educational milieu to portray this transformational phase, and to develop a deeper understanding of what is at risk from an existential point of view.

According to the realisation that tacit learning is a part of what happens in self-experience, limitations concerning what we can ask and get answers to seem to be a consequence. On the other hand, following the cybernetic theoretical analysis which pointed out how music therapy students train a human "supra-modal ability" (a very quick and cross-modal treatment of information) through self-experience (see p. 239), and following the knowledge about the connection between music, body and emotion, leads to some completely new questions in regards to music therapy. We need to know more about what happens in our consciousness as a whole when we work or when students learn through experience. And we need to ask how music therapeutic experiences are stored in the human memory. Presumably the growing knowledge about the brain and the interacting system of soma and psyche, body and mind, will inform future theory of music therapy and therefore music therapy training as well.

9.13 Final conclusion

The purpose of this study was first to investigate how music therapy students experience self-experiential learning processes and secondly to contextualise this phenomenon by describing how professional music therapists evaluated their own clinical competencies and the influence of their earlier self-experiential training on these competencies. The two-sided purpose gave rise to a mixed-methods study and outcomes of both qualitative and quantitative data analyses were provided.

The qualitative study documents that the students basically got to know themselves better through self-experience processes, and they reported there was expansion of the self in the music. The

students built up trust in what they felt in the moment, and developed a high level of self-awareness, relational awareness and reflexivity – qualities deeply embedded in contemporary conceptions of high-level therapeutic functioning and competencies.

The improvisation narratives illustrated the diversity of music therapy students' self-experience processes. Powerful polarities and processes of breakthrough in the narratives were common characteristics, and yet the narratives are individual "sculptures" as well, picturing a development for each student in which personal characteristics and uniqueness were cultivated. In the narrative, understood as an artistic form of interpretation, multiple perspectives were captured and presented.

From a meta-theoretical perspective, it was possible to map and describe the complex human and personal formation and transformation that the students had gone through. Following the cybernetic theoretical analysis, cross-modal experiences emerged in the process of self-experiential training in music therapy, and the ability to contain complexity, i.e., work with many sorts of information simultaneously was developed. The study showed how self-experience and practical-oriented training prepared the student to go into the complex reality of clinical practice with a well-developed ability to meet clients and their special needs. The results of the quantitative survey study confirmed that this transition has resulted in self-confidence and a self-perceived high level of competence in the professional music therapists trained in Aalborg. Earlier self-experience subjects were evaluated as having a substantial impact on professional participants' self-rated clinical competence, and statistical analysis showed the general tendency that highly rated clinical competence went together with highly rated value of self-experience. Taken together, the qualitative investigation of music therapy students' learning through self-experience and the quantitative study of professional music therapists' self-perceived competencies document the crucial influence of self-experience training on clinical competencies.

9.14 Postlude

A tree as great as a man's embrace springs from a small shoot;
A terrace nine stories high begins with a pile of earth;
A journey of a thousand miles starts under one's feet.

(From *Tao Te Ching*, chapter 64 by Lao Tzu)

Learning through self-experience is something we pick up from birth and all throughout our life; learning about the psyche, about who we are, happens through living and relating. And to tune the personal instrument as music therapists is also a life-long commitment, starting from a small shoot.

The Danish philosopher Hans Fink (2003) said that each research study may not do great things or be far-reaching, but collectively the contribution is immense, and he stated:

“With knowledge as with love – sharing makes it grow” (author’s translation).

I had a dream near the end of writing the dissertation:

I am dreaming that I am observing a group of people, researchers, who are gathered, ready to be photographed. I am unsure if I am supposed to be a part of the picture. Somebody calls my name, and I enter the group. As I stand there, my sister, who is present among the bystanders, throws a small bag to me. I grab it and I realise that the bag contains rice, and I understand that I am supposed to throw rice upon myself. And I wonder why, since I only know this ritual from weddings. I throw rice and it turns out to be quite amusing.

I wake up. I sense the dream reverberating in my body, in my feelings – and I wonder... suddenly recognising yet another piece of completion in my own field of resonance.

English Summary

A Field of Resonant Learning

Self-experiential Training and the Development of Music Therapeutic Competencies:

- a mixed methods investigation into students' self-experiences and professional music therapists' evaluation of their own clinical competencies

Introduction

The music therapy programme at Aalborg University provides an atypical academic education, integrating professional practical training and experience-based types of learning as well in the curriculum. The programme basically consists of three parallel tracks: the theory track, the music track and the therapy track. These tracks are parallel and weaved together in the life of the students to optimise the possibility of integrating the three forms of learning. A unique aspect is that the students are involved in therapeutic activities from the very beginning of their studies. The purpose of the current study has been to explore and generate understanding and insight into the phenomena of self-experience and personal therapy in training, first and foremost from the student's perspective. The study investigated how music therapy students in Aalborg's programme experience and describe self-experiential learning processes as a part of their training in music therapy. Secondly the phenomenon of self-experiential learning was contextualised clinically and professionally by investigating how professional music therapists' evaluate the influence of their earlier self-experiential training on their current clinical competencies.

Background of the inquiry

Self-experience is generally a requirement of most psychotherapy training programmes, as an aspect of therapeutic training. However, the literature review of the current study showed, that self-experience or personal therapy as part of the therapist's training is an area that is almost ignored and pertaining to music therapy – as well as other forms of therapy – research is limited (Hougaard, 2004; Watson 2005; Geller et al., 2005). Although research concentrating on the specific area of therapists' training is sparse, the large body of research documenting therapists' positive, strong personal as well as professional learning from experiences with personal therapy

confirms that there seem to be good reasons for incorporating personal therapy into therapist training (Macran and Shapiro, 1998; Orlinsky et al., 2005).

Furthermore research in psychotherapy documents that the client's experience of the therapeutic relationship is linked to his or her benefits of the therapy. Therefore the therapist has a great impact on the effectiveness of the therapy (Orlinsky, Rønnestad & Willutzki, 2004; Rønnestad, 2006a), and it appears relevant to investigate the education, training and maintenance of therapeutic competencies of the therapist (Jensen, 1998).

Self-experience as an integrated part of the training program in Denmark is thoroughly described by Pedersen (2002, 2007a, 2007b) and by Scheiby and Pedersen (1999). In the dissertation two Danish (non-published) questionnaire studies dealing with self-experience in the Aalborg programme were mentioned (Hannibal, 2004; Hald et al., 2001).

Research Questions

The research questions that guided the study were as follows:

1) How do students experience and describe their learning processes, i.e., being in the client's position in the mandatory self-experiential training in the Aalborg Music Therapy programme?

In order to contextualise this primary question, as related to the professional demands student will meet after graduation, two further questions are addressed:

2a) How do music therapists trained in Aalborg evaluate their own clinical competencies and the impact of their prior self-experiential training on their clinical competencies?

2b) What is the relationship between what music therapy students experience and describe about their learning processes (as elicited in question 1) and how music therapists trained in Aalborg evaluate the impact of their prior self-experiential training on their clinical competencies?

Overall design

The study used a mixed methods design, since both qualitative and quantitative methods were applied to answer the research questions. Referring to Creswell and Clark (2007), the study can be categorised as a two-phase design, in which the timing is sequential, since the qualitative component was conducted before the quantitative component. The study had an embedded design, which means that one data set provided a supportive, secondary role in the study based primarily on the other data set; in this case, the quantitative method is embedded into an overall qualitative study design.

Participants

The participants in the qualitative component of the study were nine music therapy students from Aalborg University, enrolled in the fifth year of their Master's degree training programme. The participants in the quantitative component were professional music therapists trained in Aalborg, Denmark who graduated between 2001 and 2007.

Qualitative method of data-collection

To answer the first research question, semi-structured qualitative “in-depth”-interviews were conducted (Kvale, 1997, 2006). The nine students participating were asked to bring a recording of a training improvisation of their own choice to the interview, as an artefact from the process of self-experience. The interviews were taped and transcribed, followed by a member-check of the transcriptions, and a copy of the improvisation example went into the pool of data. Further I have as a hermeneutic researcher collected my own notes from each step of the study.

Qualitative analysis and results

The qualitative data collection was followed by a hermeneutic analysis of text and music. First a hermeneutic analysis of text was conducted. After the process of coding the material, I moved back and forth between the different parts and pieces; the interview transcripts, the codes and code-families, the vignettes from students and my own notes, with the purpose of writing a new text that could bring together all the levels of information and form a new entity. The new text for each participant was named a “hermeneutic summary”.

In order to analyse the students' complex improvisational material a model of music analysis was developed, inspired by Arnason (2002) and her eclectic model of analysis (Bonde, 2005). The model gave guidelines for exploring different levels of musical meaning through several steps of reflecting or listening. From this analysis two pieces of texts were created for each participant; “contextualisation” and “improvisation narrative”. The narrative is an artistic form which allows for multiple perspectives simultaneously; various data, descriptions and analysis are interweaved or linked to each other in an arts-based interpretation (Austin & Forinash 2005).

Common characteristics in the narratives were powerful polarities and processes of breakthrough; for example the dynamic opposition between exploring the inner and outer world as opposed to finding home in oneself and be accepted for what one is. Processes of breakthrough could be releasing restrained feelings or creating contact with a basic vitality. Growing awareness of healing potentials of the relation was also a common realisation of the personal experiential

processes. Yet the improvisation narratives were individual “sculptures” as well, picturing a development for each student in which personal characteristics and uniqueness were cultivated. The diversity which was expressed here was also related to the fact that each student carried along a unique story of life. Further the improvisation narratives illustrated that the processes of self-experience in music therapy training may be tough and demanding work as well as releasing and revitalising.

After having produced the three pieces of texts as results in the hermeneutic inquiry they were sent to the nine student participants to get their response and to give them a possibility to give their feedback. The participants generally evaluated that they recognized themselves and their personal story to a great extend, and they gave their clarifying comments, which are reported in the thesis.

Next to the vertical analysis a theoretical level of interpretation across data from all students was provided. In a thematic analysis across the coded material from nine interviews with students the following five themes were defined:

- The learning dimensions of the self-experiential training
- The relationships that has an impact on training or develop through training
- The music that is interwoven in the process
- The development of the student’s self
- The levels of consciousness related to experiential training

These five themes were connected and interrelated in complex ways. Due to this complexity, I developed a “star model”, for which each main theme stood out by forming a corner of the star and at the same time all five themes were connected; the star model gave a total of ten connected pairs (e.g. “learning-relationship” or “music-consciousness”).

For a theoretical interpretation I chose the theory of cybernetic psychology and cybernetic theory of consciousness, as described by Ole Vedfelt. It is a very broad theory that integrates several theoretical perspectives (Vedfelt, 1996, 2000, 2001, 2009). Vedfelt’s theory was placed in an overall model of learning theories (Hermansen, 2005) as well as I described how the theory relates to relevant learning concepts; reflexive thinking, apprenticeship and tacit knowledge.

The theoretical analysis was structured by the ten thematic pairs from the star-model. Looking closely at each pair from this meta-theoretical perspective, it was possible at a new level to map and describe the personal development and transformation that the music therapy students had

gone through. The analysis documents that the students basically got to know themselves better through self-experience processes, and there was an expansion of the self specifically in the improvisations. The students learned how music can be a transformational vehicle in the therapeutic process, and self-experience in the music opened up to a deep understanding of music's potential in therapy.

The students built up trust in what they felt in the moment, and developed a high level of self-awareness, relational awareness and reflexivity – qualities deeply embedded in contemporary conceptions of high-level therapeutic functioning and competencies. Following the cybernetic theoretical analysis, cross-modal experiences emerged in the process of self-experiential training in music therapy, and the ability to contain complexity, i.e., work with many sorts of information simultaneously was developed through self-experience in music therapy training.

Quantitative method of data-collection

To answer the second research question (2a), a survey questionnaire was administered. The questionnaire was developed by the researcher, based on the Aalborg curriculum that defines specific competencies the students are expected to develop in the future as music therapists, and it was distributed as an online survey to selected members of the Danish Association of Professional Music Therapists (MTL) – who graduated from Aalborg between 2001 and 2007.

The 32 professional music therapists were asked to evaluate their own clinical competence on a Likert scale ranging from 1 (not at all) to 5 (to a high degree) in relation to 23 different competencies. Furthermore the respondents were asked some other questions in relation to self-experience.

The questionnaire was distributed to forty-five professional music therapists. Thirty-six music therapists responded and thirty-two responses were evaluated as valid, which indicated a response rate of 71%.

Quantitative analysis and results

Results showed an unequivocal tendency for the respondents to have great self-confidence, with a mean score of at least 4 (only one question out of 23 had a mean rating below 4; i.e., 3.86). The highest mean score was 4.70, on the question referring to the ability to benefit from supervision in relation to clinical music therapeutic work.

Examining the helpfulness of self-experiential learning regarding the development of specific competencies, the results showed that the respondents found self-experience learning to be more

related to some competencies than to others. The highest scores were associated with questions concerning; 1) being conscious about and understanding the role of the music therapist, 2) handling and understanding countertransference, and 3) meeting the client on his/her own terms – following the process and needs of the specific client.

The competence of “meeting the client – following the process and needs of the specific client” is on the whole the competence that music therapists feel most confident about, and it is at the same time the competence that most music therapists evaluate as being developed with a great degree of contribution from self-experiential learning.

In order to compare responses in relation to amount of clinical experience, the 32 respondents were divided into two groups, one group with more than three years of experience, the other with less than three years of experience. The mean scores of the two groups were very similar.

However, there was a tendency for the group with more clinical experience to evaluate their own competencies a little bit higher than those respondents with less clinical experience.

Statistical analysis indicated a general tendency in the data: when clinical competence was rated higher, the value of self-experience was also rated higher, and this tendency did not seem to depend on the amount of experience.

Respondents were also asked to evaluate the impact of different study elements from the training programme on how they coped with their most recent clinical music therapy tasks. Overall, the self-experience subjects (especially inter-therapy) and the subjects closely related to experiential learning and clinical work (KGMF, supervision and practicum experience) were evaluated as having the most positive influence in relation to handling recent clinical music therapeutic tasks.

Qualitative comments were provided by participants in relation to some of the questions. Most of these comments supported and clarified the positive aspects of self-experience. However, a few of them also reported negative experiences in relation to self-experience as a part of the programme.

Bridging the two components of the study

Answers to question 2b, about the relationship between music therapy students’ experiences in training and music therapists’ evaluation of their competencies and the influence from their former self-experience as students, were developed in a section of the discussion chapter.

One consistent result reported in the reviewed literature was that the experience of entering personal therapy as client is an opportunity to achieve specific insight into what it is like to be a client (Grimmer & Tribe, 2001; D. Murphy, 2005). A number of studies emphasised that being in the role of the client sensitises therapists to the interpersonal reactions and needs of their clients

and increases respect for the clients' struggles (Norcross et al., 1988; K. Murphy 2007). These general results are reflected in the current study, evidenced by music therapy students' narratives about what they experienced in their own bodies as clients and their thorough reflections upon those experiences. Further, in the survey 90.4% of the participants answered that they had been able to integrate their personal experiences from being a client in their therapist identity (50%: very much; 40.4%: to a high degree).

What was clear from the qualitative investigation of students' experiences in training was that they developed self-awareness and self-confidence in relation to what they felt and sensed in the therapeutic process, corresponding to development of a complexity of consciousness. The processes were described as containing an immense amount of information as illustrated in the improvisation narratives and demonstrated in the star model in the second-order analysis. In the light of this the self-rated high level of competence of the 32 participating music therapists may be a result which confirm that what is learned through self-experience is a viable foundation for the professional practice.

A plausible explanation for the relationship between complexity and diversity in the student's experiences and the self-rated, high level of competence among participating music therapists, is apparent from the cybernetic model: Complexity is a central construct in cybernetics; when a system is developing, it is characterised by moving towards higher levels of complexity where more components are contained and in play. Vedfelt has also stated that learning to be able to cope with complexity in therapy requires practical learning. When the student develops through self-experiential processes more components and nuances are in play in the personal experience, and thus the ability to contain complexity (as therapist) in the therapeutic processes is growing.

Implications for training and clinical practice

According to the survey results, the conclusion was that self-perceived clinical competence was rated to be very high by the music therapists, and self-experiential learning was evaluated to have an important and strong role in the development of clinical competence. Further, the qualitative analysis of the students' experiences gave insight into the learning processes and confirmed that a process of personal and professional growth takes place, through which the identity as music therapist begins to form.

On the basis of the present study, it is therefore reasonable to recommend the Aalborg programme maintain self-experience and personal therapy in music therapy as an integrated part of the

training of music therapy students. Since negative experiences have been a fact for a few music therapy students in the past in relation to this part of the training, it is extremely important that the programme continuously discusses and evaluates the quality and ethics of what is offered to and required from the students and that the staff members stay open in relation to criticism and considering changes. It is furthermore essential to continue to draw clear lines of demarcation around self-experience.

Further it is recommendable that the programme considers how to build a stronger framework around the self-experience. This could be done through a thorough and caring introduction to the therapeutic track in the beginning of the training as well as a thorough self-evaluation as a termination at the end.

All together the study gave a varied insight into the kind of contribution that self-experience constitutes in relation to the development of therapeutic competencies needed in practice.

However, the concrete reality and the concrete tasks the music therapist meets in practice may be beyond the scope of what the therapist learned as a student. Here supervision is a place for continuation of professional development. As stated by Fog and Hem (2009), first the personal therapy and later the supervision may give the therapist those experiences that enhance respect towards the client and his way of being.

The present study has pointed out that learning through self-experience and personal therapy may bring the therapist to higher levels of experienced personal complexity, because of which a correspondingly advanced level of practice may be possible.

Dansk resumé

Titel:

Et resonant lærings-felt

Egen-erfaring og udvikling af terapeutiske kompetencer

- En kombineret undersøgelse af studerendes oplevelser gennem egen-erfaring samt af professionelles musikterapeuters evaluering af deres kliniske kompetencer

Introduktion

Institut for Kommunikation på Ålborg Universitet tilbyder en atypisk akademisk uddannelse, der adskiller sig fra de fleste andre studieretninger ved at integrere professionel praksislæring og oplevelses-orienteret træning i studieforløbet. Musikterapiuddannelsen er grundlæggende baseret på læring i tre forskellige spor; det teoretiske spor, det musikalske spor og det terapeutiske spor. Disse tre spor er vævet sammen i uddannelsesforløbet, for at optimere de studerendes mulighed for at lære faget i en kombination af forskellige typer læring. Det er et unikt aspekt, at den studerende involveres i terapeutiske fag lige fra starten af studieforløbet.

Formålet med nærværende forskning har været at sætte fokus på det terapeutiske spor ved at undersøge og generere indsigt og forståelse i fænomenet ”egen-erfaring”, først og fremmest fra de musikterapistuderendes perspektiv. Egen-erfaring svarer til personlig terapi, i uddannelsen kaldt ”lære-terapi”, og er implementeret i den musikterapeutiske uddannelse i form af forskellige fag, hvor den studerende er i ”klientens position”. Undersøgelsen udforskede hvordan musikterapistuderende på Ålborg Universitet oplever og beskriver egen-erfarings læreprocesser som en del af træningen i musikterapi. Derudover blev fænomenet ”læring gennem egen-erfaring” sat i perspektiv i forhold til professionelle musikterapeuters opfattelse af egen-erfarings betydning for udvikling af klinisk kompetence i praksis.

Baggrund for undersøgelsen

Egen-erfaring eller personlig terapi er generelt et krav indenfor psykoterapeutiske uddannelser som et aspekt af terapeutens træning. Dog viser litteraturen, at det er et område som er meget lidt beskrevet, og både indenfor musikterapi og andre terapiformer er forskningen sparsom. (Hougaard, 2004; Watson 2005; Geller et al., 2005).

Selvom der er begrænset forskning indenfor træning og uddannelse af terapeuter, dokumenterer en mængde undersøgelser, at terapeuter har et stærkt personligt såvel som professionelt udbytte af egen-terapi, hvilket bekræfter at det er fornuftigt at integrere dette aspekt i terapeutens uddannelse (Macran and Shapiro, 1998; Orlinsky et al., 2005). Dertil kommer at forskning indenfor psykoterapi peger på, at klientens udbytte af terapien er nært knyttet til klientens oplevelse af den terapeutiske alliance, hvorfor terapeutens bidrag har stor betydning for terapiens proces såvel som effekt (Orlinsky, Rønnestad & Willutzki, 2004; Rønnestad, 2006a). På dette grundlag er det relevant at undersøge terapeutens uddannelse, træningsformer og udvikling af terapeutiske kompetencer (Jensen, 1998).

I Danmark er læreterapien som et integreret aspekt af musikterapiuddannelsen grundigt beskrevet af Pedersen (2002, 2007a, 2007b) og af Scheiby og Pedersen (1999). I afhandlingen omtales desuden to danske (ikke publicerede) spørgeskema-undersøgelser der omhandler lære-terapien i Ålborg uddannelsen (Hannibal, 2004; Hald et al., 2001).

Forskningsspørgsmål

De spørgsmål som har været ledende for undersøgelsen lyder som følger:

- 1) Hvordan oplever og beskriver studerende deres læreprocesser fra den obligatoriske egen-erfaring, som er en del af træningen til musikterapeut på Ålborg Universitet?
- 2a) Hvordan vurderer musikterapeuter, som er uddannet i Ålborg, deres kliniske kompetence, og i hvilken grad mener de, at egen-erfaringen under uddannelsesforløbet har bidraget til udvikling af deres kliniske kompetence?
- 2b) Hvilket forhold er der mellem hvad studerende oplever og beskriver omkring deres læreprocesser (som udledt af spørgsmål 1) og hvordan professionelle musikterapeuter evaluerer betydningen af deres tidligere egen-erfaring i forhold til deres kliniske kompetence?

Overordnet design

For at finde svar på de stillede spørgsmål benyttedes et design kombineret af kvalitative og kvantitative metoder. Undersøgelsen bestod af to faser, idet den kvalitative del kom før den kvantitative del. Ifølge Creswell and Clark (2007), var der tale om et sammensat design, hvor den

kvantitative del spillede en sekundær rolle som en metode der blev implementeret i et overordnet kvalitativt design.

Deltagere

I den kvalitative del af undersøgelsen deltog ni musikterapistuderende som informanter. De ni studerende var i gang med det sidste år af deres uddannelse til musikterapeut.

Deltagerne i den kvantitative del af undersøgelsen bestod af professionelle musikterapeuter som blev færdiguddannet fra Ålborg universitet mellem 2001 og 2007.

Kvalitative metoder

For at svare på det første forskningsspørgsmål anvendtes kvalitative semistrukturerede interviews med de ni musikterapistuderende (Kvale, 1997, 2006). De ni studerende blev bedt om at vælge en improvisation fra deres egen-erfaring på studiet, som havde særlig betydning for dem, og medbringe optagelsen af denne improvisation til interviewet. Interviewene blev optaget og transskriberet, og efterfølgende gennemlæst og godkendt af interview-personen. En kopi af det musikalske materiale indgik i forskerens datamateriale, med henblik på analyse. Derudover indgik forskerens noter fra de forskellige trin i processen ligeledes som en del af data-indsamlingen.

Kvalitative analyser og resultater

Den kvalitative dataindsamling blev efterfulgt af en hermeneutisk analyse. Først blev tekst-materialet analyseret; der blev foretaget en kodning af de transskriberede interviews hvorefter jeg bevægede mig cirkulært mellem del og helhed og orienterede mig skiftevis i de forskellige dele af materialet inkl. egne noter, koderne mv. Målet var at skabe en ny tekst som kunne samle informationerne i et nyt hele. Denne nye tekst blev defineret som et ”hermeneutisk sammendrag”. Med henblik på at kunne foretage en analyse af det komplekse improvisations-materiale udvikledes en model, inspireret af Arnason (2002) og hendes eklektiske model, der gav mulighed for at udforske forskellige niveauer af musikalsk mening gennem en proces med flere lyttende og reflekterende trin. Ud fra denne analyse udvikledes to nye tekster for hver studerende; en kontekstualiserende tekst, der bandt musikanalyse og øvrige informationer sammen, samt et ”improvisations-narrativ”. Den narrative form blev et udtryk, der gav mulighed for at sammenflette både tekst og musik analyse i en form for kunstnerisk fortolkning (Austin & Forinash 2005).

Kraftfulde modsætninger og processer med personlige gennembrud var fælles karakteristika i improvisations-narrativerne; for eksempel den dynamiske modsætning mellem at udforske verden og nye sider af sig selv, overfor at finde hjem i sig selv og blive bekræftet og accepteret, som den man er. Personlige gennembrud var eksempelvis forløsning af båndlagte følelser, og fornyet kontakt med en grundlæggende livskraft. En voksende bevidsthed i forhold til relationers helende potentiale var ligeledes en vigtig erkendelse, som gik igen i de personlige oplevelsesorienterede processer. Samtidig fremtrådte narrativerne som individuelle ”skulpturer” der gengav en udvikling, der havde kultiveret den enkeltes personlige særkende og unikke måde at være på. Improvisations-narrativerne illustrerede en mangfoldighed, som også var kendetegnende for de studerendes processer i lære-terapien. Den mangfoldighed som kom til udtryk, var også knyttet til de forskellige livshistorier som de studerende hver især havde med sig. Improvisations-narrativerne blev også en illustration af, hvordan egen-erfaring som en del af musikterapi træningen kan være en hård og krævende proces, ligeså vel som den kan være forløsende og livgivende.

Efter at de tre tekster var blevet produceret som resultater af den hermeneutiske analyse, blev de sendt til den enkelte studerende, som hermed fik mulighed for at læse og kommentere teksterne. Den studerende blev bedt om at evaluere, i hvor høj grad vedkommende kunne kende sig selv i teksterne. Deltagerne svarede generelt at de i høj grad kunne genkende sig selv i det fortolkede materiale. Resultatet af evalueringen samt deltageres feedback er fremlagt i afhandlingen.

Efter den vertikale analyse af det kvalitative materiale blev en teoretisk meta-analyse foretaget på tværs af de ni interviews. En indledende tematisk analyse af de koder og kategorier der tidligere var udarbejdet, ledte frem til følgende fem overordnede temaer:

- Læring
- Relationer
- Musikken
- Selvudvikling
- Bevidsthed

Da disse fem temaer var indbydes forbundne på komplekse måder, valgte jeg at udvikle en ”stjerne-model”, i hvilken hvert af de fem temaer udgjorde et hjørne af stjernen, og på samme tid blev alle fem temaer sammenknyttet; stjernemodellen gav således i alt ti forbundne par af temaer (f.eks. ”læring - relationer” og ”musik - bevidsthed”).

Meta-analysen blev foretaget ved hjælp af teorien om kybernetisk psykologi og bevidsthed beskrevet af Ole Vedfelt. Det er en rummelig teori som integrerer flere forskellige teoretiske perspektiver (Vedfelt, 1996, 2000, 2001, 2009). Vedfelt's teori blev placeret i en overordnet model af læringsteorier (Hermansen, 2005), ligesom det blev beskrevet hvordan den kybernetiske teori er forbundet med begreberne; mesterlære, tavs viden og refleksion.

I den teoretiske meta-analyse blev de ti par forbundne temaer fra stjernemodellen nøje gennemgået, og det blev muligt at kortlægge og beskrive den personlige udvikling og transformation som de musikterapistuderende havde gennemgået. Analysen viste hvordan den studerende grundlæggende lærte sig selv bedre at kende, og at udvidelse af selvet i særlig grad skete i lære-terapiens improvisationer. Den studerende opbyggede tillid til følelser der opstår i nuet og udviklede en høj grad af selvbevidsthed, relationel bevidsthed og refleksivitet – kvaliteter som er dybt forbundne med og centrale i den professionelle terapeuts kliniske kompetence. Ifølge den kybernetiske teoretiske analyse opstod der kryds-modale erfaringer i egen-erfarings processer i musikterapi, og evnen til at rumme kompleksitet blev udviklet. Det vil i denne sammenhæng sige, at evnen til bevidsthedsmæssigt at modtage og arbejde simultant med mange typer information blev udviklet gennem egen-erfaringen i den musikterapeutiske træning.

Kvantitative metoder

For at svare på det andet forskningsspørgsmål (2a), blev der gennemført en spørgeskemaundersøgelse. Spørgeskemaet blev udviklet af forskeren, og tog udgangspunkt i de specifikke kompetencer som den studerende forventes at udvikle som fremtidig musikterapeut, således som disse er beskrevet i studieordningen for musikterapiuddannelsen ved Aalborg universitet. Skemaet blev distribueret online til de medlemmer af danske musikterapeuters faglige organisation (MTL), som blev færdiguddannet i Aalborg mellem 2001 og 2007.

De 32 musikterapeuter blev bedt om at evaluere deres egen kliniske kompetence på en skala fra 1 til 5, hvor 1 svarede til at personen slet ikke vurderede sig selv som værende i besiddelse af den givne kompetence og 5 svarede til at personen vurderede at han/hun i høj grad havde den nævnte kompetence. Derudover bestod spørgeskemaet af en række andre spørgsmål vedrørende læreterapiens betydning.

Spørgeskemaet blev sendt ud til 45 professionelle musikterapeuter. 36 responderede på skemaet og 32 besvarelser blev evalueret som valide, hvorfor svarprocenten lå på 71 %.

Kvantitativ analyse og resultater

I de 23 spørgsmål der vedrørte deltagernes evaluering af egne kliniske kompetencer, viste resultaterne en utvetydig tendens til at deltagerne havde en høj grad af selvtillid, med en gennemsnits score på mindst 4 (kun et enkelt spørgsmål fik under fire i gennemsnit; 3,86). Det højeste gennemsnit lå på 4,70 og det gjaldt den kompetence som handler om at kunne profitere af at få supervision på sit kliniske arbejde.

Undersøgelsen spurgte ligeledes til i hvilken grad den professionelle musikterapeut vurderede, at egen-erfaringen (lære-terapien) på studiet havde haft en betydning i forhold til udvikling af de 23 enkelte kompetencer. Resultaterne viste, at musikterapeuterne vurderede visse kompetencer som i højere grad forbundet med læring gennem egen-erfaringen end andre. Følgende kompetencer fik de højeste gennemsnits scoringer: 1) evnen til at være bevidst om og kunne forstå sin egen rolle i et musikterapeutisk forløb, 2) evnen til at kunne håndtere og forstå modoverførings fænomener, samt 3) evnen til at møde klienten på dennes egne præmisser og at kunne følge klientens behov. Sidstnævnte kompetence står særligt frem, idet det er en af de kompetencer som deltagerne havde størst selvtillid omkring, og det er på samme tid den kompetence, som de fleste deltagende musikterapeuter vurderede som i høj grad forbundet med det de har lært gennem egen-erfaringen. I et forsøg på at sammenligne besvarelsene i forhold til omfanget af respondenternes praksis-erfaring blev de 32 musikterapeuter delt i to grupper; den ene gruppe havde op til 3 års erfaring, mens den anden gruppe havde mere end 3 års erfaring. Besvarelsene fra de to grupper var meget enslydende. Dog viste der sig en lille tendens til, at deltagerne i gruppen med mere end 3 års erfaring var tilbøjelige til at vurdere sig selv som værende en smule mere kompetente i forhold til den gruppe hvor deltagerne havde under 3 års erfaring.

Statistiske analyser viste en generel tendens i besvarelsene: når den kliniske kompetence blev evalueret højere, blev betydningen af egen-erfaringen ligeledes evalueret højere – og denne tendens syntes ikke at afhænge af omfanget af klinisk erfaring.

Respondenterne blev også bedt om, at evaluere den indflydelse som forskellige fag på studiet havde haft på personens håndtering af vedkommendes seneste kliniske musikterapeutiske opgave. Overordnet blev lære-terapi fagene (særligt inter-terapi) og de fag som er tæt relateret til den oplevelsesorienterede læring og til klinisk arbejde (KGMF, praktik og supervision) evalueret som havende den mest positive indflydelse i relation til seneste musikterapeutiske opgave.

Spørgeskemaet gav også mulighed for kvalitative kommentarer i relation til visse spørgsmål. De fleste af deltagernes kommentarer understøttede og tydeliggjorde de positive aspekter af egen-

erfaringens betydning. Dog var nogle få kommentarer en rapportering af negative erfaringer i relation til egen-erfaringen på musikterapiuddannelsen.

Sammenhæng mellem undersøgelsens to dele

Besvarelsen af spørgsmål 2b om forholdet mellem musikterapeutstuderendes erfaringer fra uddannelsen og professionelle musikterapeuters evaluering af deres kliniske kompetence og den betydning som lære-terapien/ egen-erfaringen har haft, blev udviklet i afhandlingens diskussionskapitel.

I gennemgangen af relevant litteratur var et konsistent resultat, at det at træde ind i personlig terapi i rollen som klient er en lejlighed til at få en helt særlig indsigt i hvad det vil sige at være klient (Grimmer & Tribe, 2001; D. Murphy, 2005). En række undersøgelser tydeliggør, at det at være i klient-positionen udvikler terapeutens sensitivitet i relation til egne (evt. kommende) klienter og deres behov, samt øger respekten for det klienten kæmper med (Norcross et al., 1988; K. Murphy 2007). Disse resultater blev også fundet i nærværende undersøgelse, hvilket fremgik af bl.a. det hermeneutiske sammendrag og improvisations-narrativerne, der illustrerede hvad de studerende oplevede på egen krop, samt deres omfattende refleksion omkring hvad de havde lært af deres egen erfaring. Derudover blev der i spørgeskemaundersøgelsen afdækket at 90,4 % af deltagerne responderede, at de havde været i stand til at integrere deres personlige erfaringer fra at have været i klient positionen i deres (senere) terapeut-identitet (50% svarede ”i høj grad” og 40,4 % svarede ”en hel del”).

Det stod tydeligt frem i den kvalitative undersøgelse af studerendes lære-terapi i uddannelsen, at de studerende udviklede selv-refleksion og selvtillid i forhold til det de mærker og sanser i en terapeutisk proces, hvilket som nævnt svarer til udviklingen af en bevidsthedsmæssig kompleksitet; processerne blev beskrevet som rummende en kolossal mængde information både i forhold til den enkelte studerende og når man studerede dem samlet, sådan som det blev gjort i meta-analysen. Set i lyset af dette kunne spørgeskemaundersøgelsens tydelige resultat, m.h.t. musikterapeuternes egen meget positive evaluering af deres kliniske kompetence, være en bekræftelse af, at det der læres gennem egen-erfaring er et bæredygtigt fundament for den professionelle praksis.

En plausibel teoretisk forklaring på forholdet mellem kompleksitet og mangfoldighed i de studerendes oplevelser og den selv-evaluerede høje grad af kompetence blandt musikterapeuter kan findes i den kybernetiske model: Kompleksitet er et centralt begreb i kybernetikken; når et

system udvikler sig, er dette karakteriseret ved bevægelse i retning af højere grad af kompleksitet, hvor flere og flere komponenter rummes og er i spil. Vedfelt har således også anført, at det at lære at blive i stand til at håndtere kompleksitet i terapi kræver at praksislæring er integreret i terapeutens uddannelse. Det vil sige, at når den studerende udvikler sig gennem lære-terapien vil stadig flere komponenter og nuancer være i spil i den personlige oplevelse, og evnen til (som terapeut) at håndtere kompleksitet i de terapeutiske processer er under udvikling.

Implikationer i forhold til uddannelse og klinisk praksis

På baggrund af resultaterne fra spørgeskemaundersøgelsen var konklusionen, at den selv-vurderede kliniske kompetence var høj blandt de musikterapeuter der deltog, og at egen-erfaringen blev evalueret som havende haft en vigtig og betydelig rolle i udviklingen af de i spørgeskemaet nævnte kliniske kompetencer. Derudover gav den kvalitative analyse en uddybet indsigt i lære-processerne der knytter sig til egen-erfaring og bekræftede, at en personlig såvel som professionel udvikling finder sted, gennem hvilken den enkelte studerendes musikterapeutiske identitet begynder at tage form.

På basis af nærværende undersøgelse blev det derfor i afhandlingen beskrevet som anbefalelsesværdigt, at musikterapiuddannelsen på Aalborg universitet bevarer lære-terapi i musikterapi som en integreret del af træningen af musikterapistuderende. Idet negative erfaringer har været forekommende, for nogle få af de musikterapeuter der deltog i henholdsvis interview-undersøgelsen og spørgeskema-undersøgelsen, blev det påpeget, hvor vigtigt det er, at kvalitet og etik fortløbende diskuteres i lærergruppen på musikterapiuddannelsen, ligesom det er vigtigt fortsat at sørge for en klar afgrænsning omkring lære-terapien. Derudover blev det foreslået, at uddannelsen overvejer at opbygge en kraftigere ramme omkring lære-terapien, f.eks. ved at implementere en grundig og omsorgsfuld introduktion til det terapeutiske spor i begyndelsen af studieforløbet og en lige så grundig selv-evaluering som afslutning på studieforløbet.

Den samlede undersøgelse gav et nuanceret indblik i det bidrag som egen-erfaringen udgør i relation til udvikling af de kompetencer som den professionelle terapeut har brug for i klinisk praksis. Ifølge deltagerne i spørgeskemaundersøgelsen var evnen til at profitere af supervision i allerhøjeste grad lært gennem egen-erfaringen, hvilket bekræfter sammenhængen mellem egen-erfaring på studiet og det videre professionelle liv. Den unikke situation med klienten, og den konkrete opgave som musikterapeuten står overfor, kan netop altid vise sig at overskride de

erfaringer, og den læring som terapeuten føler, at han eller hun har fået med sig fra uddannelsen. Supervision kan her give rum for en fortsat professionel udvikling, bl.a. i forhold til specifikke problemstillinger i relation til specifikke klienter, som den professionelle vil møde. Som Fog og Hem (2009) anfører: både i den personlige terapi og i supervisionen kan terapeuten erfare det der skal til, for at kunne håndtere terapiens udfordringer og for at udvide respekten for klienten og klientens måde at være i verden på.

Undersøgelsen peger alt i alt på, at den læring som sker gennem egen-erfaring, kan medføre en udvikling, der løfter den kommende terapeut til et højere niveau af oplevet personlig kompleksitet, hvorved der skabes mulighed for et tilsvarende avanceret professionelt niveau i mødet med klienten i den terapeutiske praksis.

References

- Abrams, B. (2005). Evaluating qualitative music therapy research. In B. L. Wheeler (Ed.), *Music therapy research* (Second ed., pp. 246-258) Barcelona publishers.
- Abrams, B., & Meadows, A. (2005). Personal construct psychology and the repertory grid technique. In B. L. Wheeler (Ed.), *Music therapy research* (Second ed., pp. 472-486) Barcelona Publishers.
- Aigen, K. (1996). The role of values in qualitative music therapy research. In M. Langenberg (Ed.), *Qualitative music therapy research - beginning dialogues* (pp. 9-33) Barcelona Publishers.
- Aigen, K. (1998). Creativity in qualitative music therapy research. *Journal of Music Therapy*, XXXV(no. 3), 150-175.
- Aigen, K. (1995). Principles of qualitative research. In B. Wheeler (Ed.), *Music therapy research: Quantitative and qualitative perspectives* (pp. 283-313) Barcelona Publishers.
- Alvesson, M., & Sköldbberg, K. (2000). *Reflexive methodology: New vistas for qualitative research*. London: Sage.
- Amir, D. (1996). Issues in qualitative research: A personal journey. In M. Langenberg, K. Aigen & J. Frommer (Eds.), *Qualitative music therapy research - beginning dialogues*. (pp. 213-224) Barcelona Publishers.
- Andersen, D. T., Johannesen, F. R., & Lindseth, A. (Eds.)(1994). *Skabelse og etik. Motiver i K. E. Løgstrups filosofi*. Mimer.
- Arnason, C. L. R. (2002). An eclectic approach to the analysis of improvisations in music therapy sessions. *Music Therapy Perspectives*, 20, 4-12.
- Austin, D., & Forinash, M. (2005). Arts-based research. In B. L. Wheeler (Ed.), *Music therapy research* (Second ed., pp. 458-471) Barcelona Publishers.
- Baker, F. (2007). Enhancing the clinical reasoning skills of music therapy students through problem based learning: An action research project. *Nordic Journal of Music Therapy*, 16(1), 27-41.
- Bateson, G. (1972). *Steps to an ecology of mind*. Jason Aronson.
- Bateson, G. (1979). *Mind and nature*. New York.
- Bateson, G. (1998 (1964)). De logiske kategorier for læring og kommunikation. In M. Hermansen (Ed.), *Fra læringens horisont - en antologi*. (pp. 63-92) Klim.
- Bergin, A. E., & Garfield, S. L. (1971). Personal therapy, outcome and some therapist variables. *Psychotherapy: Theory, Research and Practice*, 8(3), 251-253.
- Bergstrøm-Nielsen, C. (2006). Sound is multidimensional. Parameter analysis as a tool for creative music making. <http://www.hum.aau.dk/~carlbn/par/legno4.htm>
- Bernard, N. S., Dollinger, S. J., & Ramaniah, N. V. (2002). Applying the big five personality factors to the imposter phenomenon. *Journal of Personality Assessment*, 78(2), 321-333.
- Beutler, L. E., Malik, Alimohamed, Harwood, Talebi, & Noble. (2004). Therapist variables. In M. J. Lambert (Ed.), *Bergin & Garfields Handbook of Psychotherapy and Behaviour Change* (5.th ed.) John Wiley & Sons Inc.
- Bike, D. H., Norcross, J. C., & Schatz, D. M. (2009). Processes and outcomes of psychotherapists' personal therapy: Replication and extension 20 years later. *Psychotherapy: Theory, Research, Practice, Training*, 46(1), 19-31.
- Binder, P. E., Nielsen, G. H., Vøllestad, J., Holgersen, H., & Schanche, E. (2006). Hva er relasjonell psykoanalyse? nye psykoanalytiske perspektiver på samhandling, det ubevisste og selvet. *Tidsskrift for Nordisk Psykologforening*, 43, 899-908.
- Binder, J. L. (1993). Is it time to improve psychotherapy training? *Clinical Psychology Review*, 13, 301-318.
- Bonde, L. O. (2000). Metaphor and narrative in guided imagery and music. *Journal of the Association for Music and Imagery*, 7, 59-76.

-
- Bonde, L. O. (2005). Approaches to researching music. In B. L. Wheeler (Ed.), *Music therapy research* (Second ed., pp. 489-525) Barcelona Publishers.
- Bonde, L. O. (2009). *Musik og menneske. Introduktion til musikpsykologi* (1.th ed.). København: Samfundslitteratur.
- Bonde, L. O., Pedersen, I. N., & Wigram, T. (2001). *Musikterapi: Når ord ikke slår til. En håndbog i musikterapiens teori og praksis i Danmark*. Forlaget Klim.
- Brinkmann, S. (2007a). The good qualitative researcher. *Qualitative Research in Psychology*, 4(1-2), 127-144.
- Brinkmann, S. (2007b). Could interviews be epistemic? An alternative to qualitative opinion polling. *Qualitative Inquiry*, 13(8), 1116-1138.
- Brinkmann, S. & Tanggaard, L. (Eds.). (2007). *Psykologi. Forskning og profession*. København: Hans Reitzels Forlag.
- Brinkmann, S., & Kvale, S. (2005). Confronting the ethics of qualitative research. *Journal of Constructivist Psychology*, 18, 157-181.
- Bruscia, K. E. (1995). Modes of consciousness in guided imagery and music (GIM): A therapist's experience of the guiding process. In C. Kenny (Ed.), *Listening, playing & creating: Essays on the power of sound*. Albany, NY: State University of New York Press.
- Bruscia, K. E. (1996). Authenticity issues in qualitative research. In M. Langenberg, K. Aigen & J. Frommer (Eds.), *Qualitative music therapy research - beginning dialogues*. (pp. 81-108). Gilsum, NH: Barcelona Publishers.
- Bruscia, K. E. (1998). Standards of integrity for qualitative music therapy research. *Journal of Music Therapy*, 35(no. 3), 176-200.
- Bruscia, K. E. (1998a). *Defining music therapy*. Barcelona Publishers.
- Buckley, P., Karasu, T. B., & Charles, E. (1981). Psychotherapists view their personal therapy. *Psychotherapy: Theory, Research and Practice*, 18(3), 299-305.
- Bunt, L., & Hoskyns, S. (2002). *The handbook of music therapy*. Brunner Routledge.
- Clark, M. M. (1986). Personal therapy: A review of empirical research. *Professional Psychology: Research and Practice*, 17(6), 541-543.
- Creswell, J. W., & Clark, V. P. (2007). *Designing and conducting mixed methods research*. USA: Sage publication, Inc.
- Crowe, B. J. (2004). *Music and soulmaking. toward a new theory of music therapy*. The Scarecrow press, Inc.
- Dahlager, L., & Fredslund, H. (2006). Hermeneutisk analyse. In L. Koch, & S. Vallgård (Eds.), *Forskningsmetoder i folkesundhedsvidenskab*. København: Munksgaard Danmark.
- Dahler-Larsen, P. (2002). *At fremstille kvalitative data*. (3. oplag 2005 ed.). Odense: Syddansk Universitetsforlag.
- Damasio, A. (2004). *Fornemmelsen af det der sker*. [The feeling of what happens (1999)]. København: Hans Reitzels Forlag.
- Damasio, A. R. (1999 (2004 Danish version)). *Fornemmelsen af det der sker (The feeling of what happens)*. København: Hans Reitzels Forlag.
- Dileo, C. (1995). Ethical precaution. In B. Wheeler (Ed.), *Music therapy research. quantitative and qualitative perspectives*. Barcelona Publishers.
- Dileo, C. (2000). *Ethical thinking in music therapy*. Jeffrey Books.
- Dreyfus, H., & Dreyfus, S. (2004). Mesterlære og eksperter læring. In K. Nielsen, & S. Kvale (Eds.), *Mesterlære. læring som social praksis* (5.th ed., pp. 54-75). København: Hans Reitzels Forlag.
- Dreyfus, H., & Dreyfus, S. (1986). *Mind over machine*. Lennart Sane AB.
- Elliott, R., Greenberg, L. S., & Lietaer, G. (2004). Research on experiential psychotherapies. In M. Lambert (Ed.), *Bergin and Garfield's Handbook of Psychotherapy and Behaviour Change*. (pp. 493-539). New York: Wiley.
- Elliott, R., & Parthyka, R. (2005). Personal therapy and growth work in experiential-humanistic therapies. In J. Geller, J. C. Norcross & D. E. Orlinsky (Eds.), *The psychotherapist's own psychotherapy* (pp. 34-40) Oxford University Press.

- Elmholt, C., & Tanggaard, L. (2007). Deltagelse, læring og identitet på tværs af uddannelses- og professionspraksis. In S. Brinkmann, & L. Tanggaard (Eds.), *Psykologi. Forskning og profession*. (pp. 249-278). København: Hans Reitzels Forlag.
- Eschen, J. T. (2002). *Analytical music therapy*. Jessica Kingsley Publishers.
- Ferrara, L. (1984). Phenomenology as a tool for music analysis. *The Musical Quarterly*, 7, 355-373.
- Fink, H. et al. (2003). *Universitet og videnskab: Universitetets idéhistorie, videnskabsteori og etik*. Hans Reitzels Forlag.
- Fog, J. (1992). Moral issues in the qualitative research interview. *Nordisk Psykologi*, 44, 221-229.
- Fog, J. (1995). At komme til klarhed. Om bevidst-blivelsesprocessen hos terapeuten. *16*(2), 374-409.
- Fog, J. (2005). *Med samtalen som udgangspunkt. Det kvalitative forskningsinterview*. Denmark: Akademisk Forlag.
- Fog, J., & Hem, L. (2009). *Psykotterapi og erkendelse. Personligt anliggende og professionel virksomhed*. København: Akademisk Forlag.
- Forinash, M., & Grocke, D. (2005). Phenomenological inquiry. In B. L. Wheeler (Ed.), *Music therapy research* (Second ed., pp. 321-334) Barcelona Publishers.
- Gadamer, H. G. (2000). *Teoriens lovprisning. Taler og artikler*. Denmark: Systime A/S.
- Gadamer, H. G. (2004). *Sandhed og metode*. Århus: Systime Academic.
- Gadamer, H. G. (2004/1975). *Truth and method*. London: Continuum.
- Gallegher, S. (1993). The place of phronesis in postmodern hermeneutics. *Philosophy Today*, 37, 298-305.
- Gander, H. H. (2004). Selvværen og historie - Gadamer's konception af virkningshistorie og virkningshistorisk bevidsthed. *Slagmark: Gadamer* (Nielsen, H. B.; Sørensen, M. P.; Sørensen, J. H.; Thorup, M.; Sørensen, P. A. ed., pp. 41-55) Afdeling for Idéhistorie, Aarhus Universitet.
- Geller, J. D., Norcross, J. C., & Orlinsky, D. E. (Eds.). (2005). *The psychotherapist's own psychotherapy*. Oxford University Press.
- Glass, J. (1986). Personal therapy and the student therapist. *Canadian Journal of Psychiatry*, 31, 304-312.
- Greenberg, R. L., & Goldman, L. S. (1988). Training in experiential therapy. *Journal of Consulting and Clinical Psychology*, 56(5), 696-702.
- Greenberg, R. P., & Staller, J. (1981). Personal therapy for therapists. *American Journal of Psychiatry*, 138(11), 1467-1471.
- Greenspan, M., & Kulish, N. M. (1985). Factors in premature termination in long-term psychotherapy. *Psychotherapy*, 22(1), 75-82.
- Grimmer, A., & Tribe, R. (2001). Counselling psychologists' perceptions of the impact of mandatory personal therapy on professional development - an exploratory study. *Counselling Psychology Quarterly*, 14(4), 287-301.
- Gulddal, J., & Møller, M. (Eds.). (1999). *Hermeneutik - en antologi om forståelse*. Viborg, Denmark: Gyldendal.
- Guy, J., Stark, M., & Poelstra, P. (1988). Personal therapy for psychotherapists before and after entering professional practice. *Professional Psychology: Research and Practice*, 19(4), 474-476.
- Hald, S., Majlund, A., Holland, P., & Karpantschov, M. (2001). *Musikterapeuters egenterapi, - en undersøgelse af musikterapeuters egenterapi med udgangspunkt i lærerterapien på Aalborg uddannelsen*. Unpublished manuscript.
- Hannibal, N. (2000). Præverbal overføring i musikterapi – kvalitativ undersøgelse af overføringsprocesser i den musikalske interaktion. Dissertation. Aalborg University.
- Hannibal, N. (2005). Daniel Stern, hans teorier og deres betydning for musikterapi. *Dansk Musikterapi*, 2(2)
- Hannibal, N. (2004). *Foreløbig opgørelse af resultater af spørgeskema-undersøgelse af "kandidater i musikterapi og studerende på 10. semesters vurdering af musikterapi-uddannelsen*. Aalborg University. Unpublished manuscript.
- Hannibal, N. (2005a). *Studiehåndbog for musikterapistudiet (study-handbook)* Aalborg University.
- Heimann, P. (1950). On Countertransference. *International Journal of Psychoanalysis*, 31, 81-84.
- Hem, L. (1992). Om træningen af terapeutiske færdigheder. *Nordisk Psykologi*, 3, 230-233.
- Henry, W. E., Sims, J. H., & Spray, S. L. (1971). *The fifth profession: Becoming a psychotherapist*. San Francisco: Jossey-Bass.

- Hermansen, M. (1998). *Fra læringens horizont - en antologi*. Klim.
- Hermansen, M. (2003). *Omlæring*. Klim.
- Hermansen, M. (2005). *Læringens univers*. Klim.
- Hevner, K. (1936). Experimental studies of the elements of expression in music. *American Journal of Psychology*, 48, 246-268.
- Hibben, J. (1999). *Inside music therapy: Client experiences*. Barcelona Publishers.
- Holm, U. (2001). *Empati for professionelle. Mødet mellem hjælper og hjælpøgende*. Hans Reitzels Forlag.
- Holmes, M. J. (2003). *The personality profile of Australian music therapists*. Unpublished. Master of Music, University of Melbourne.
- Hougaard, E. (2004). *Psykoterapi. Teori og Forskning*. (2.th ed.) Dansk Psykologisk Forlag.
- Illeris, K. (2006). *Læring*. Roskilde Universitetsforlag.
- Isenberg-Grzeda, C. (1999). Experiencing the music in guided imagery and music. In J. Hibben (Ed.), *Inside music therapy: Client experiences*. (p. 61-65) Barcelona Publishers.
- Janesick, V. J. (2001). Intuition and creativity: A pas de deux for qualitative researchers. *Qualitative Inquiry*, 7(5), 531-540.
- Jensen, O. S. (1998). Psykoterapeutens autenticitet - terapiens afgørende led. *Psyke & Logos*, 19(1), 271-287.
- Jørgensen, C. R. (1998). Terapeutisk kompetence. *Psykolog Nyt*, 16, 8-12.
- Kelly, E. L., Goldberg, L. R., Fiske, D. W., & Kilkowski, J. M. (1978). Twenty-five years later. A follow-up study of the graduate students in clinical psychology assessed in the VA selection research project. *American Psychologist*, 33, 746-755.
- Kenny, C. B. (1996). The dilemma of uniqueness. An essay on consciousness and qualities. *Nordic Journal of Music Therapy*, 5(2), 87-94.
- Kenny, C. B. (1998). Embracing complexity: The creation of a comprehensive research culture in music therapy. *Journal of Music Therapy*, XXXV(no. 3), 201-217.
- Kenny, C. B. (1999). Beyond this point there be dragons: Developing concepts for general theory in music therapy. *Nordic Journal of Music Therapy*, 8(2), 127-136.
- Kenny, C. (2005a). Narrative inquiry. In B. Wheeler (Ed.), *Music therapy research* (Second ed., pp. 416-428) Barcelona Publishers.
- Kenny, C., Jahn-Langenberg, M., & Loewy, J. (2005). Hermeneutic inquiry. In B. Wheeler (Ed.), *Music therapy research* (Second ed., pp. 335-351) Barcelona Publishers.
- Kernberg, O. F. (1973). Summary and conclusions of "psychotherapy and psychoanalysis, final report of the menninger foundation's psychotherapy research project". *International Journal of Psychiatry*, 11, 62-77.
- Kirsch, T. B. (2005). The role of personal therapy in the formation of a Jungian analyst. In J. D. Geller, J. C. Norcross & D. E. Orlinsky (Eds.), *The psychotherapist's own psychotherapy*. (pp. 27-34) Oxford University Press.
- Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development*. Englewood Cliffs, N.J.: Prentice-Hall.
- Krog, J. L. (2001). *Empatisk kommunikation i oplevelsesorienteret terapi - en analyse og diskussion af spejlingens funktioner og fremtrædelsesmåder*. Psykologisk Institut Aarhus Universitet.
- Kruuse, E. (1989). *Kvalitative forskningsmetoder i psykologi og beslægtede fag*. Dansk Psykologisk Forlag.
- Kupferberg, F. (2006). Pædagogik, læring og kreativitet. At interagere i kaos. *KVaN*, 26(76), 13-27.
- Kvale, S. (1983). The qualitative research interview: A phenomenological and a hermeneutical mode of understanding. *Journal of Phenomenological Psychology*, 14(2), 171-196.
- Kvale, S. (1996). *Interviews - an introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage.
- Kvale, S. (1997). *Interview. En introduktion til det kvalitative forskningsinterview*. Hans Reitzels Forlag.
- Kvale, S. (2003). The psychoanalytic interview as inspiration for qualitative research. In P. M. Camic, J. E. Rhodes & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 275-297). Washington, DC: American Psychological Association.

- Kvale, S., & Nielsen, K. (2004a). *Mesterlære. Læring som social praksis*. (5th ed.). København: Hans Reitzels Forlag.
- Kvale, S. (2004b). Forskere i lære. In K. Nielsen, & S. Kvale (Eds.), *Mesterlære. Læring som social praksis* (pp. 178-196). København: Hans Reitzels Forlag.
- Kvale, S., & Nielsen, K. (2004). Landskab for læring. In K. Nielsen, & S. Kvale (Eds.), (pp. 237-260). København: Hans Reitzels Forlag.
- Kvale, S. (2005). The dominance of dialogical interview research. *Impuls*, 1, 5-13.
- Kvale, S. (2006). Interviewing between method and craft. *Paper*, American Educational Research Association Meeting San Francisco.
- Lambert, M. J., & Bergin, A. E. (1994). The effectiveness of psychotherapy. In A. E. Bergin, & S. L. Garfield (Eds.), *Handbook of Psychotherapy and Behaviour change*. (pp. 143-189). New York: John Wiley.
- Lambert, M. J. (2004). *Bergin and Garfield's handbook of Psychotherapy and Behaviour change*. (5.th ed.) Wiley.
- Langenberg, M., Frommer, J., & Trees, W. (1993). A qualitative research approach to analytical music therapy. *Music Therapy*, 12(1), 59-84.
- Langenberg, M., Aigen, K., & Frommer, J. (1996). *Qualitative music therapy research, beginning dialogues*. Barcelona Publishers.
- Lasky, R. (2005). The training analysis in the mainstream Freudian model. In J. D. Geller, J. C. Norcross & D. E. Orlinsky (Eds.), *The psychotherapist's own psychotherapy*. (pp. 15-27) Oxford University Press.
- Lave, J., & Kvale, S. (1995). What is anthropological research? An interview with Jean Lave by Steinar Kvale. *International Journal of Qualitative Studies in Education*, 8(3), 219-228.
- Lave, J., & Wenger, E. (1991). *Situated learning - legitimate peripheral participation*. New York: Cambridge University Press.
- Liaboe, G. P., Guy, J. D., Wong, T., & Deahnert, J. R. (1989). The use of personal therapy by psychotherapists. *Psychotherapy in Private Practice*, 7(1), 115-134.
- Lindseth, A. (1994). Hva kan lögstrups etikk lære os om moralebegrunnelsens oppgave? In D. Andersson, F. R. Johannesen & A. Lindseth (Eds.), *Skabelse og etik. motiver i Løgstrup's filosofi* (pp. 199-225). Denmark: Mimer.
- Lindvang, C. (2002). Den drømmende terapeut – om at gøre brug af terapeutens ubevidste som et redskab i musikterapeutiske processer med skizofrene. *Musikterapi i psykiatrien. årsskrift 2002*. () Musikterapiklinikken. Aalborg Psykiatriske Sygehus & Aalborg Universitet. Den psykiatriske Forskningsenhed i Nordjyllands Amt.
- Lindvang, C. (2007). Bevidsthed, erkendelse og kreativitet, - om egenterapi på musikterapiuddannelsen, set i lyset af kybernetisk psykologi. *Psyke & Logos*, 28(1), 548-573.
- Løgstrup, K. E. (1975/1956). *Den etiske fordring*. København: Gyldendal.
- Løgstrup, K. E. (1997/1956). *The ethical demand*. Notre Dame, IN: University of Notre Dame Press.
- Løvold, R. (2006). En ny visjon om terapeuten som person? autentisitet, spontanitet og emosjonell tilgjengelighet i psykoterapi. *Tidsskrift for Nordisk Psykologforening*, 43, 909-916.
- Lübcke, P. (. (1982). *Vor tids filosofi, engagement og forståelse* (1. udgave, 5. oplag 1994 ed.). Copenhagen: Politikens Forlag A/S.
- Luborsky, L. et al. (2002). The dodo bird verdict is alive and well - mostly. *Clinical Psychology: Science and Practice*, 9(1), 2-12.
- Luce, D. W. (2008). Epistemological development and collaborative learning: A hermeneutic analysis of music therapy students' experience. *Journal of Music Therapy*, 45(1), 21-51.
- Luhmann, N. (1998). Erkendelse som konstruktion. In M. Hermansen (Ed.), *Fra læringens horisont - en antologi*. (pp. 163-182) Klim.
- Macaskill, N., & Macaskill, A. (1992). Psychotherapists-in-training evaluate their personal therapy: Results of a UK survey. *British Journal of Psychotherapy*, 9(2), 133-138.
- Macaskill, N. D. (1988). Personal therapy in the training of the psychotherapist: Is it effective? *British Journal of Psychology*, 4(3), 219-226.
- MacDevitt, J. W. (1987). Therapists' personal therapy and professional self-awareness. *Psychotherapy*, 24(4), 693-703.

-
- Mackey, R. A., & Mackey, E. F. (1993). The value of personal therapy to clinical practice. *Clinical Social Work Journal*, 21(1), 97-110.
- Macran, S., & Shapiro, D. A. (1998). The role of personal therapy for therapists: A review. *British Journal of Medical Psychology*, 71, 13-25.
- Macran, S., Stiles, W., & Smith, J. (1999). How does personal therapy affect therapists' practice? *Journal of Counseling Psychology*, 46(4), 419-431.
- Matarazzo, R. G., & Patterson, D. R. (1986). Methods of teaching therapeutic skill. In Garfield, & Bergin (Eds.), *Handbook of Psychotherapy and Behaviour Change* (3.th ed.) New York Chichester Wiley.
- McLeod, J. (2001). *Qualitative research in counselling and psychotherapy*. London: Sage Publications.
- Mishler, E. G. (1986). *Research interviewing. Context and narrative*. USA: Harvard University Press.
- Mortensen, K. V. (1998). Hvordan uddanner man en god-nok psykoterapeut? *Psyke & Logos*, 19(1), 220-233.
- Munck, E. (1998). Livsforståelse og etik i psykoterapi. *Psyke & Logos*, 19(1), 256-270.
- Murphy, K. (2007). Experiential learning in music therapy: Faculty and student perspectives. *Qualitative Inquiries in Music Therapy*, 3, 31-57.
- Murphy, D. (2005). A qualitative study into the experiences of mandatory personal therapy during training. *Counselling and Psychotherapy Research*, 5(1), 27-32.
- Murphy, K. M., & Wheeler, B. L. (2005). Information sharing. Symposium on experiential learning in music therapy. *Music Therapy Perspectives*, 23(2), 138-143.
- Nerdrum, P., & Lundquist, K. (1995). Does participation in communication skills training increase student levels of communicated empathy? A controlled outcome study. *Journal of Teaching in Social Work*, 12(1/2), 139-157.
- Nielsen, K., & Kvale, S. (2004). Mesterlære som aktuell læringsform. In K. Nielsen, & S. Kvale (Eds.), *Mesterlære. Læring som social praksis*. (pp. 11-31) Hans Reitzels Forlag.
- Norcross, J. C., Strausser, D. J., & Faltus, F. J. (1988). The therapist's therapist. *American Journal of Psychotherapy*, 42, 53-66.
- Norcross, J. C., Strausser-Kirtland, D., & Missar, C. D. (1988). The process and outcomes of psychotherapists' personal treatment experiences. *Psychotherapy*, 25(1), 36-43.
- Norcross, J., Geller, J., & Kurzawa, E. (2000). Conducting psychotherapy with psychotherapists: Prevalence, patients and problems. *Psychotherapy*, 37(3), 199-205.
- Norcross, J. C., & Grunebaum, H. (2005). The selection and characteristics of therapists' psychotherapists. In Geller et al. (Ed.), *The psychotherapist's own psychotherapy* (pp. 201-213) Oxford University press.
- Norcross, J. C., Bike, D. H., & Evans, K. L. (2009). The therapist's therapist: A replication and extension 20 years later. *Psychotherapy: Theory, Research, Practice, Training*, 46(1), 32-41.
- Norcross, J. C., Bike, D. H., Evans, K. L., & Schatz, D. M. (2008). Psychotherapists who abstain from personal therapy: Do they practice what they preach? *Journal of Clinical Psychology*, 64(12), 1368-1376.
- Norcross, J. C., & Connor, K. A. (2005). Psychotherapists entering personal therapy: Their primary reasons and presenting problems. In J. D. Geller, J. C. Norcross & D. E. Orlinsky (Eds.), *The psychotherapist's own psychotherapy*. (pp. 192-201) Oxford University Press.
- Norcross, J. C., & Guy, J. D. (2005). The prevalence and parameters of personal therapy in the US. In J. D. Geller, J. C. Norcross & D. E. Orlinsky (Eds.), *The psychotherapist's own psychotherapy*. (pp. 165-177) Oxford University Press.
- Olsen, H. (2002). *Kvalitative kvaler. Kvalitative metoder og danske kvalitative interviewundersøgelers kvalitet*. Denmark: Akademisk Forlag.
- Olsen, H. (2006). *Guide til gode spørgeskemaer*. København: Socialforskningsinstituttet.
- Olsen, J. B. (1999). Kreativitet og uvante bevidsthedstilstande. *Kognition Og Pædagogik*, 8(32), 31-46.
- Olsen, O. A., & Vedfelt, O. (1992). Det ubevidstes mange ansigter - en historisk oversigt. *Psyke Og Logos*, 13, 11-41.
- Olsson, G. (1996). Självkänsla i obalans: En studie över terapeutelevers uppfattning om sina färdigheter. *Nordisk Psykologi*, 48(4), 252-265.

- Orlinsky, D. E., Botermans, J., & Rønnestad, M. H. (2001). Towards an empirically grounded model of psychotherapy training: Four thousand therapists rate influences on their development. *Australian Psychologist*, 36(2), 139-148.
- Orlinsky, D. E., Norcross, J. C., Rønnestad, M. H., & Wiseman, H. (2005c). Outcomes and impacts of the psychotherapists' own psychotherapy: A research review. In J. D. Geller, J. C. Norcross & D. E. Orlinsky (Eds.), *The psychotherapist's own psychotherapy*. (pp. 214-235) Oxford University Press.
- Orlinsky, D. E., Rønnestad, M. H., Willutski, U., Wiseman, H., & Botermans, J. (2005b). The prevalence and the parameters of personal therapy in Europe and elsewhere. In J. D. Geller, J. C. Norcross & D. E. Orlinsky (Eds.), *The psychotherapist's own psychotherapy*. (pp. 177-192) Oxford University Press.
- Orlinsky, D. E., Rønnestad, M. H., & Willutzki, U. (2004). Fifty years of psychotherapy process-outcome research: Continuity and change. In M. J. Lambert (Ed.), *Bergin and Garfields Handbook of Psychotherapy and Behaviour Change* (4th. ed., pp. 307-389). New York: John Wiley.
- Orlinsky, D. E., & Rønnestad, M. H. (2005a). *How psychotherapists develop, a study of therapeutic work and professional growth*. American Psychology Association, Washington DC.
- Payne, H. (2002). Arts therapies and psychotherapy training: An international survey.
- Payne, H. (2004). Becoming a client, becoming a practitioner: Student narratives of a dance movement therapy group. *British Journal of Guidance & Counselling*, 32(4), 511-532.
- Pedersen, I. N., & Scheiby, B. B. (1983). Vi zoomer os ind på musikterapi. - nej, ikke musik og terapi, men musikterapi. *Modspil*, 21, 5-22.
- Pedersen, I. N. (1987). *Musikterapi - en uddannelse under udvikling. Et nyt skud på stammen af universitetspædagogiske traditioner*. Unpublished manuscript.
- Pedersen, I. N. (2000). Inde-fra eller ude-fra - orientering i terapeutens tilstedeværelse og nærvær. In C. Lindvang (Ed.), *Den musikterapeutiske behandling. Musikterapi i psykiatrien. Årsskrift 2000* (pp. 87-109) Musikterapi-klinikken. Aalborg Psykiatriske Sygehus & Aalborg Universitet. Den psykiatriske Forskningsenhed i Nordjyllands Amt.
- Pedersen, I. N. (2002a). Self-experience for music therapy students - experiential training music therapy as methodology - A mandatory part of the music therapy programme at Aalborg university. In J. T. Eschen (Ed.), *Analytical music therapy*. (pp. 168-189) Jessica Kingsley Publishers.
- Pedersen, I. N. (2005). At bruge musik til at håndtere modoverføring i individuel musikterapi i hospitalspsykiatrien. In H. M. Ochsner Ridder (Ed.), *Musikterapi i psykiatrien, Årsskrift 4* (pp. 40-64) Aalborg Psykiatriske Sygehus/ Aalborg Universitet.
- Pedersen, I. N. (2006). Counter transference in music therapy : A phenomenological study on counter transference used as a clinical concept by music therapists working with musical improvisation in adult psychiatry. Dissertation. Department of Communication and Psychology, Aalborg University.
- Pedersen, I. N. (2007a). Musikterapeutens disciplinerede subjektivitet. *Psyke & Logos*, 28(1), 358-384.
- Pedersen, I. N. (2007b). 25 år i modvind og medvind, susende storme og strålende solskin. *Musikterapi-Uddannelsen 25 År - Festskrift*, , 26-39.
- Pedersen, I. N. (2008). En fænomenologisk undersøgelse af modoverføring i musikalsk improvisation i voksenpsykiatrien - en praksisbaseret og praksisrelateret forskningsundersøgelse. In Ulla Holck (Ed.), *Musikterapi i psykiatrien - Årsskrift 5* (pp. 31-46) Musikterapi Klinikken, Aalborg Psykiatriske Sygehus - Aalborg Universitet.
- Polanyi, M. (1966). *The tacit dimension*. Chicago/London: The University of Chicago Press.
- Polkinghorne, D. E. (2000). Psychological inquiry and the pragmatic and hermeneutic traditions. *Theory Psychology*, 10(4), 453-479.
- Pope, K. S., & Tabachnick, B. G. (1994). Therapists as patients: A national survey of psychologists' experiences, problems, and beliefs. *Professional Psychology: Research and Practice*, 25(3), 247-258.
- Priestley, M. (1994). *Essays on analytical music therapy*. Barcelona Publishers.
- Prochaska, J. O., & Norcross, J. C. (1983). Contemporary psychotherapists: A national survey of characteristics, practices, orientations, and attitudes. *Psychotherapy: Theory, Research and Practice*, 20(2), 161-173.
- Qvortrup, L. (2006). Kreativitet som vidensform og resurce. *KVaN*, 26(76), 28-43.
- Radnor, H. (2001). *Researching your professional practice: Doing interpretive research*. Open University Press.

- Robson, C. (2002). *Real world research* (Second ed.) Blackwell Publishing.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21
- Rønnestad, M. H., & Ladany, N. (2006). The impact of psychotherapy training: Introduction to the special section. *Psychotherapy Research*, 16(3), 261-267.
- Rønnestad, M. H. (2006a). Fokus på psykoterapeuten - betragtninger om psykoterapiforskning og professionel udvikling. *Mellanrummet. Tidsskrift Om Barn- Och Ungdomspsykiatri.*, (15), 19-31.
- Rønnestad, M. H. (2008). Evidensbaseret praksis i psykologi. *Tidsskrift for Norsk Psykologforening*, 45, 444-454.
- Ruud, E. (1990). *Musikk som kommunikasjon og samhandling. Teoretiske perspektiv på musikterapien*. Oslo: Solum Forlag.
- Ruud, E. (1997). *Musikk og identitet*. Universitetsforlaget Oslo.
- Ruud, E. (1998). *Music therapy: Improvisation, communication, and culture*. Gilsum, NH: Barcelona Publishers.
- Sandell, R., Blomberg, J., Lazar, A., Carlsson, J., Broberg, J., & Schubert, J. (2000). Varieties of long-term outcome among patients in psychoanalysis and long-term psychotherapy. *International Journal of Psychoanalysis*, 81, 921-942.
- Scheiby, B. B. (2007). Svaneægget der blev til et guldæg. *Musikterapi-Uddannelsen 25 År – Festskrift*.
- Scheiby, B. B., & Pedersen, I. N. (1999). Inter music therapy in the training of music therapy students. *Nordic Journal of Music Therapy*, 8(1), 59-72.
- Schibbye, A. L. (2005). *Relationer - et dialektisk perspektiv*. Kbh.: Akademisk.
- Schibbye, A. L. (1995). Udvikling av personlig og teoretisk refleksjon: Om studenters utdannelse i psykoterapi. *Nordisk Psykologi*, 47(1), 29-44.
- Schön, D. A. (1983). *The reflective practitioner - how professionals think in action* [Danish version: Den reflekterende praktiker. Århus: Klim 2001.] Basic Books Inc.
- Schulberg, C. H. (1999). Out of the ashes: Transforming despair into hope with music and imagery. In J. Hibben (Ed.), *Inside music therapy: Client experiences*. (p. 7-11) Barcelona Publishers.
- Schwandt, T. A. (1999). On understanding understanding. *Qualitative Inquiry*, 5(4), 451-464.
- Seidel, A. (2009). *Musik - Biografie - Therapie. Musiktherapie-studierende auf dem weg ihrer Professionalisierung*. Reichert.
- Seligmann, S. (2005). Dynamic systems theories as a metaframework for psychoanalysis. *Psychoanalytic Dialogues*, 15(2), 285-319.
- Smeijsters, H. (1997). *Multiple perspectives. A guide to qualitative research in music therapy*. Gilsum NH: Barcelona Publishers.
- Stern, D. (1995). *Et spædbarns dagbog*. [In English: Diary of a Baby]. København: Hans Reitzels Forlag.
- Stern, D. (1991). *Barnets interpersonelle univers*. Hans Reitzels Forlag.
- Stern, D. (2004). *Det nuværende øjeblik*. [In English: The present moment in psychotherapy and everyday life] København: Hans Reitzels Forlag.
- Stige, B., Malterud, K., & Midtgarden, T. (2009). Toward an agenda for evaluation of qualitative research. *Qualitative Health Research*,
- Streeter, E. (1999). *The value of personal group music therapy in the training of music therapists*. Unpublished manuscript.
- Strupp, H. H. (1958). The performance of psychiatrists and psychologists in a therapeutic interview. *Journal of Clinical Psychology*, 14, 219-226.
- Tanggaard, L. (2006a). A psychological field study of learning - analysis of methodological aspects. *Nordic Psychology*, 58(3), 196-214.
- Tanggaard, L. (2006b). The research interview as discourses crossing swords. *Qualitative Inquiry*, 12(6), 1-17.
- Vedfelt, O. (1996). *Bevidsthed. Bevidsthedens niveauer*. [English: Consciousness. The levels of consciousness.] Gyldendal.
- Vedfelt, O. (2000a). *Ubevidst intelligens. Du ved mere end du tror*. [English: The Intelligence of the Unconscious – You know more than you think.] Gyldendal.

- Vedfelt, O. (2000b). Delpersonligheder, objektrelationer og kybernetisk netværksteori. [English: Part personalities, objectrelations and cybernetic network theory.] *Psyke & Logos*, 21, 542-563.
- Vedfelt, O. (2000c). Consciousness - introduction to cybernetic psychology. Part 1. *Energy & Character, International Journal of Biosynthesis-Somatic Psychotherapy*, Vol. 30, 2, pp. 38-56. International Institutet for Biosynthesis, Schweiz.
- Vedfelt, O. (2000d). Consciousness - introduction to cybernetic psychology. Part 2. *Energy & Character, International Journal of Biosynthesis-Somatic Psychotherapy*, Vol. 31, 1, pp. 17-44. International Institutet for Biosynthesis, Schweiz.
- Vedfelt, O. (2001). Dreams - Working attitudes: Multidimensional dream understanding and bodily associations. Cambridge. *Proceedings of the Fifteenth International Congress for Analytical Psychology*, pp. 269-276. Daimon
- Vedfelt, O. (2001a). Fra Jung til kybernetisk psykologi. In P. Skogemann (Ed.), *Symbol, analyse, virkelighed. Jungiansk teori og praksis i Danmark* (pp. 288-317) Lindhardt og Ringhof.
- Vedfelt, O. (2002). *The Dimensions of Dreams*. London/New York: Jessica Kingsley Publishers.
- Vedfelt, O. (2007). *Drømmenes dimensioner*. (5. udg.) København: Gyldendal.
- Vedfelt, O. (2009). Cultivating feelings through working with dreams. *Culture & Psyche*, 3(4), 88-102.
- Wackerhausen, S. (1997). Polanyi's begreb om tavs viden - en kritisk skitse. *Institut for Filosofi, Aarhus Universitet, Skriftserie*, 2, pp. 1-19.
- Wackerhausen, S. (2004). Det skolaske paradigme og mesterlære. In K. Nielsen, & S. Kvale (Eds.), *Mesterlære. læring som social praksis*. (pp. 219-233). København: Hans Reitzels Forlag.
- Wackerhausen, S. (2005). Tavs viden, pædagogik og refleksion. In C. N. Jensen (Ed.), *Voksnes læringsrum*. (pp. 298-321) Billesø & Baltzer.
- Wackerhausen, S. W. & B. (1993). Tavs viden og pædagogik. *Dansk Pædagogisk Tidsskrift*, 41(4), pp.190-201.
- Walhof, D. R. (2004). Solidarity, friendship, and practical reason: Gadamer's hopeful politics. *Paper Presented at the Annual Meeting of the Midwest Political Science Association*, Palmer House Hilton, Chicago, Illinois.
- Watson, T. (2005). Steering a path through change: Observations on the process of training. *British Journal of Music Therapy*, 19(1), 9-15.
- Wheeler, B. (1995). *Music therapy research: Quantitative and qualitative perspectives* (1.th ed.) Barcelona Publishers.
- Wheeler, B. L., & Grocke, D. E. (2001). Report from the world federation of music therapy commission on education, training and accreditation education symposium. *Music Therapy Perspectives*, 19, 63-67.
- Wheeler, B. L. (2002). Experiences and concerns of students during music therapy practica. *Journal of Music Therapy*, 39 (4), 274-304.
- Wheeler, B. L. (2004). *Experiential training in music therapy: Report of the WFMT commission*. Music Therapy World, Info CD Rom V: Aldridge, D., Fachner, J.
- Wheeler, B. (Ed.). (2005). *Music Therapy Research*. Second Edition. Barcelona Publishers.
- Wheeler, B., & Kenny, C. (2005). Principles of qualitative research. In B. Wheeler (Ed.), *Music therapy research* (Second ed., pp. 59-71) Barcelona Publishers.
- Wigram, T. (1996). "Becoming clients" - role playing a clinical situation as an experiential technique in the training of advanced level music therapy students. In Bonde, Inge Nygaard Pedersen & Lars Ole (Ed.), *Music therapy within multi-disciplinary teams*. Aalborg University.
- Wigram, T., Backer, J. D., & Camp, J. V. (1999). Music therapy training: A process to develop the musical and therapeutic identity of the music therapist. In T. W. a. J. D. Backer (Ed.), *Clinical applications of music therapy in developmental disability, paediatric and neurology*. (p. 282-297) Jessica Kingsley Publishers.
- Wigram, T., Pedersen, I. N., & Bonde, L. O. (2002). *A comprehensive guide to music therapy. theory, clinical practice and training*. Jessica Kingsley Publishers.
- Wilbrandt, J. (2000). Teori og praksis. Københavns Universitet, Institut for Psykologi). (www.psyk.ku.dk/adm_forskn/udgiv/speciale)
- Willert, S. (1985). Sandhedens øjeblik. In K. B. & H. Villumsen (Ed.), *Terapi og filosofi* (pp. 17-33) Philosophia. Institut for filosofi, Aarhus Universitet.

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- Willert, S. (2007a). Psykologi som håndværk - psykologistudiet som håndværkeruddannelse? tre utopier og en brugervejledning. In S. Brinkmann, & L. Tanggaard (Eds.), *Psykologi: Forskning og profession* (pp. 249-278) Hans Reitzels Forlag.
- Willert, S. (2007b). "Verdens bedste universitetsstudium..." - musikterapistudiet som universitetspædagogisk lærestykke. *Musikterapi-Uddannelsen 25 År, Festskrift*,
- Wiseman, H., & Shefler, G. (2001). Experienced psychoanalytically oriented therapists' narrative accounts of their personal therapy: Impact on professional and personal development. *Psychotherapy*, 38(2), 129-141.
- Ølgaard, B. (2005). Gregory Bateson's relationsbegreb. In T. Ritchie (Ed.), *Relationer i psykologien*. (pp. 154-170) Billesø & Baltzer.
- Ølgaard, B. (1986). *Kommunikation og økomentale systemer – ifølge Gregory Bateson*. Ask København.

APPENDICES

APPENDIX I

The music therapy training program in Aalborg, DK

Semester	TEORISPORET (Kursus + projektarbejde)	MUSIKSPORET (gruppeundervisning)	TERAPISPORET + Praktik
1	Musik og menneske. Introduktion til musikpsykologi	Sammenspil Stemmetræning Hovedinstrument 1: Repertoire & Performance Hovedinstrument 3: Intuitiv anvendelse Akkompanimentsinstrument & Hørelære (A&H) Terapirettet krop og stemme	Gruppemusikterapi
2	Observation og beskrivelse af klinisk praksis	Sammenspil Stemmetræning Hovedinstrument 1: Repertoire & Performance Hovedinstrument 2: Improvisation A&H	Gruppemusikterapi Observationspraktik (4 uger)
3	Personligheds- og udviklingspsykologi	Sammenspil Stemmetræning Hovedinstrument 2: Improvisation A&H	Gruppemusikterapi
4	Musikterapiteori I Somatik Elementær forskningsmetode	Sammenspil Stemmetræning Auditiv analyse Hovedinstrument 3: Intuitiv anvendelse Terapirettet krop og stemme	
5	Musikterapiteori II (Valgfag: Musikspecialpæd.)	Kliniske gruppemusikterapifærdigheder Auditiv analyse Terapirettet krop og stemme (Valgfag: Musikterap. sangskrivning)	
6	Musikterapiteori III Psykiatri	Kliniske gruppemusikterapifærdigheder	Praktik (1 dag om ugen i 10 uger) Gruppesupervision

KANDIDATUDDANNELSEN:

7	Videregående MT-teori og – forskning (1) (Valgfag: Musik og identitet)	Klinisk anvendelse af hovedinstrument og klaver	Individuel musikterapi Gruppeledelse
8	Videregående MT-teori og – forskning (2)	Klinisk anvendelse af hovedinstrument og klaver	Interterapi (+ Valgfag: GIM niveau 1)
9	Formidling af musikterapiudøvelse		Praktik (4 måneder) Supervision (individuel+gruppe)
10	Speciale		

The music therapy program in Aalborg Denmark, an overview in English:

http://old.musikterapi.aau.dk/Lars%20Ole%20Bonde/uk-description_MT.pdf

The music therapy program in Aalborg Denmark, an overview in English:

http://old.musikterapi.aau.dk/Lars%20Ole%20Bonde/uk-description_MT.pdf

Experiential learning **inside** the music therapy training program in Aalborg, DK

Musical track:

Teacher is leading the exercises and experiences, all students are participating authentically:

“Relation competencies with body and voice” (1.,4.,5. Sem.)

Teacher is leading the session. One student is therapist, a group of students are empathizing with a client population (role-play) and a group of students are engaged as observers:

“Clinical group music therapy skills” (6. sem.)

Therapy track:

Teacher-therapist is leading the process (engaged by the university but with no other tasks inside the program) and each student is engaged personally and authentically in the **client position** in both individual therapy process and group therapy process:

“Group music therapy” (1.-3. sem.)

“Individual music therapy” (7. sem.)

Students are in turn taking the role of the therapist/ the leadership of the group, a group of students is engaged personally and authentically as **clients**, and a group of students are engaged as observers. A teacher is present as observer to the processes and provides supervision before and after the session:

“Psychodynamic group leading” (7. sem.)

Students are working in dyads; they are engaged personally and authentically as either therapist or **client**. A teacher is present as observer and provides supervision after each session:

“Inter-therapy” (8. sem.)

Teacher is leading the course. Students are participating authentically and the group is divided into pairs who process the experience of GIM together, alternating roles as either therapist or **client** (guide or traveler):

**“GIM level 1” (8. sem.)
(elective course)**

The student is engaged in 3 periods of practicum experiences, the first one is to observe the work of a music therapists and the two later periods are to work clinically with a client population under supervision from the university:

**“Practicum” (9. sem.)
(self-experience in the role of therapist)**

APPENDIX II

Information letters to music therapy students

Kære alle musikterapi studerende på 8. semester og derover.

Studerende søges til interview-undersøgelse!

Jeg skriver til jer i forbindelse med mit phd-projekt, der omhandler de *læreprocesser* som sker gennem egen-erfaring på musikterapi-studiets terapeutiske spor, specifikt de situationer og forløb hvor den studerende er i klientens position. Fokus er på den studerendes oplevelser og erfaringer og en del af min dataindsamling vil bestå i at jeg interviewer studerende.

Projektets titel: "Learning through self-experience – an investigation into learning dimensions and professional consequences of music therapy students self-experience training". Supervisor: Lars Ole Bonde.

Jeg vil derfor gerne invitere jer til et **informationsmøde** om projektets baggrund, indhold og intentioner og om de rammer og retningslinier der kommer til at ligge for de individuelle interviews med studerende.

Det foregår på universitetet (lokale:)

Mandag d. 29. maj kl. 13.30-14.30

Du er meget velkommen til at møde op, selvom du evt. kun er nysgerrig og endnu ikke ved om det er noget for dig at deltage som interviewperson.

Er du interesseret i at høre mere om projektet og evt. at deltage i interview, men er forhindret i at komme mandag d. 29.5. må du meget gerne kontakte mig snarest.

Ring eller skriv hvis du i øvrigt har nogle spørgsmål!

Kærlig hilsen

Charlotte Lindvang, PhD-studerende

Tlf.: 48241126 / mail: chli@mail.tdcadsl.dk

Gudmindrup 25.9.2007

Kære

Jeg skriver til dig for at give en kort status på projektet 'Læring gennem egen-erfaring'. Jeg nærmer mig i løbet af et par måneder det sted i arbejdsprocessen, hvor alle 9 interviews og musikeksempler er blevet bearbejdet. Det er og har været et meget spændende stykke arbejde. Jeg har indtil nu arbejdet med den enkelte deltagers materiale hver for sig, og inden jeg går videre med nogle tværgående analyser og teoretiske perspektiveringer, er planen at foretage et 'member-tjek'. I løbet af dette efterår vil du derfor modtage to filer fra mig på ca. 1-1½ side hver. Det drejer sig om sammenfattende arbejds papirer, som jeg har udarbejdet på baggrund af vertikale analyser af henholdsvis interview og musikeksempel.

Du er meget velkommen til at læse og kommentere disse to sammenfattende dokumenter. Jeg har søgt at finde en balancegang mellem at bevare en tæthed til den enkelte deltagers personlige udtryk og historie, samtidig med at anonymisering opretholdes. Det er især vigtigt for mig at vide, hvis du oplever, at noget er blevet skævt eller fordrejet i denne proces. Hvis det skulle være tilfældet, vil jeg overveje, hvordan jeg i så fald kan forholde mig til det i den videre proces.

Jeg vil også fortælle, at jeg nu overgår til en deltidsansættelse. Derfor forventer jeg at aflevere afhandlingen 1.12. 2009 og forsvare den foråret 2010.

Du hører fra mig senere på efteråret.

Du er meget velkommen til at kontakte mig, hvis du har nogle spørgsmål.

Mange venlige hilsner
Charlotte Lindvang

Ny adresse:

Stenstrupvej 27
Gudmindrup
4573 Højby Sj.
Tlf.: 48241126

Gudmindrup d. 8.02.2008

Kære

Som jeg skrev til dig i efteråret, har jeg nu arbejdet med den enkelte interviewpersons materiale hver for sig, og inden jeg går videre med nogle teoretiske perspektiveringer, er jeg interesseret i, at du får muligheden for at læse og kommentere de tre tekststykker, som er resultater af den kvalitative hermeneutiske analyse af interview og musikeksempel. Det drejer sig således ikke om et "member-tjek" i traditionel forstand, idet tekststykkerne i større eller mindre grad er mine (og forskningsassistentens) fortolkninger af det empiriske materiale. Det er dog min overbevisning, at det højner etikken og kvaliteten af studiet, at du kan læse og kommentere teksterne. Da jeg også gerne vil vide, hvorvidt du kan genkende dig selv og din egen historie, sådan som du beskrev den med ord og musik på tidspunktet for interviewet, vil jeg bede dig om, at evaluere ved at krydse af på en likert-skala i forbindelse med hver tekst. Dvs. at du udover dette brev får fire filer. De tre indeholder mine tekst-stykker, og det fjerde indeholder likert-skalaer og plads til at skrive eventuelle kommentarer. Dette fjerde dokument, bedes du sende tilbage til mig snarest muligt på mail eller almindelig post.

Her skal jeg kort beskrive hvordan de tre tekstdokumenter er udarbejdet.

1) Hermeneutisk sammendrag: Her sammenfatter jeg alt tekstmaterialet: vignetterne, interviewet (som er bearbejdet i data-behandlingsprogrammet AtlasTi), og mine egne notater foretaget undervejs i processen. Jeg har bevæget mig imellem de forskellige typer og lag af informationer under udarbejdelsen. Jeg har samtidigt forsøgt at holde mig tæt til interviewpersonens egen fortælling, og jeg bruger ofte nogle af de samme ord, som interviewpersonen har brugt. Det har været min hensigt, at skabe en ny tekst, som er forholdsvis kort, men som alligevel giver udtryk for helheden.

2) Refleksion niveau 5 (del af musikanalysen): Analysen af musikeksemplet er lavet ud fra en eklektisk model, som jeg har tilpasset formålet. Den består af 6 trin (refleksionsniveauer), hvoraf de 4 første er udarbejdet af en forskningsassistent. På det femte niveau skal der foretages en kontekstualisering; her forsøger man, at sætte det der er fremkommet under de første dele af musikanalysen ind i en sammenhæng. Da assistenten intet har fået af vide om interviewpersonen, har jeg blot bedt om, at vedkommende skrev en eller flere hypoteser, og det har efterfølgende været min opgave, at beskrive det som jeg kender til af kontekst for musikeksemplet, herunder følge op på det oplæg til fortolkning som assistentens hypoteser eller spørgsmål giver.

3) Improvisations narrativ:

Musikanalysen munder ud i et 'improvisations-narrativ', dvs. en samlet fortolkning, en fortælling i kortform, hvor der forsøges, i et musisk-poetisk sprog at rekonstruere den rigdom, kreativitet og kompleksitet der karakteriserer oplevelsen af musikeksemplet. Narrativet kombinerer de forskellige niveauer af mening, og tråden til beskrivelsen af musikken fastholdes. Jeg inddrager gerne flere kilder, når narrativet skrives; assistentens analyse trin 1-4, den studerendes vignetter, den studerendes egne ord i interviewet, dialogen med mig i interviewet mv. Musikanalysen, herunder improvisations-narrativet er i høj grad inspireret af musikterapeuten Arnason (2002), også beskrevet af Bonde (i Wheeler 2005 s.508).

Du er velkommen til at kontakte mig, hvis du har spørgsmål.

Mange hilsner og endnu engang tak for din deltagelse i projektet!

Charlotte Lindvang. Mail: chli@hum.aau.dk / chli@mail.tdcadsl.dk

Tlf.: 48 24 11 26 / 24 67 71 20 Adr.: Stenstrupvej 27, Gudmindrup. 4573 Højby.

Evaluering af tre tekststykker, udarbejdet af C. Lindvang i forbindelse med Ph.d. projektet 'Læring gennem egen-erfaring'.

Sæt ring om et tal mellem 1 og 7 (eller marker med et farveskift), hvor 1 er udtryk for mindste grad af genkendelse og 7 er udtryk for største grad af genkendelse. Nedenunder har du *mulighed* for at skrive en kommentar. Er der ikke plads til din kommentar, er du velkommen til at skrive det i et andet dokument.

1) Hermeneutisk sammendrag (af tekstmateriale):

1	2	3	4	5	6	7
Jeg kan overhovedet ikke genkende mig selv og min egen historie					jeg kan vældig godt genkende mig selv og min egen historie	

2) Refleksionsniveau 5/ del af musikanalyse:

1	2	3	4	5	6	7
Jeg kan overhovedet ikke genkende mig selv og min egen historie					jeg kan vældig godt genkende mig selv og min egen historie	

3) Improvisations narrativ:

1	2	3	4	5	6	7
Jeg kan overhovedet ikke genkende mig selv og min egen historie					jeg kan vældig godt genkende mig selv og min egen historie	

APPENDIX III

Informed consent

+

Addendum

Informeret samtykke

Aspekter der vedrører hvad der skal ske før, under og efter interviewet. Den studerende giver sit samtykke ved at underskrive på bagsiden:

Før interviewet:

Den studerende informeres om projektets baggrund, intentioner og praktiske gennemførelse.

Den studerende informeres om mulige fordele og ulemper v. deltagelse (informationsmødet og/eller individuelle samtaler).

Den studerende giver sit informerede samtykke (klare aftaler er truffet på forhånd).

1-2 uger før interviewet sender den studerende 2-3 vignetter fra sin proces, ca. ½ A4 side hver, om noget der har haft betydning i forbindelse med at være i klient-positionen/ mærke musikterapien på egen krop/ læring gennem egen-erfaring. (Vignetterne er ment som forberedelse / "tuning in" for både interviewperson og interviewer. De vil blive inddraget i det empiriske materiale).

Under interviewet:

Selve interviewet varer max. 1½ time. Der afsættes 2 timer i alt pr. studerende.

Der laves en lydoptagelse af interviewet.

Den studerende har medbragt ét eller to stykker musik (á max 5 min.), som er betydningsfuldt og kan bruges til at illustrere noget fra vedkommendes oplevelser og erfaringer med personlige læreprocesser gennem arbejdet i klient-rollen på musikterapistudiet. (Mindst én klinisk improvisation, hvor den studerende selv spiller/ evt. sammen med gruppe eller terapeut.)

Vi lytter til musikken og samtalen om musikken indgår som en del af interviewet.

Efter interviewet:

Den studerende tillader at musikken indgår i det empiriske materiale til analyse efter interviewet. (Der skal gives særskilt tilladelse til at musikken må anvendes v. fx foredrag).

Den studerende har mulighed for at:

- 1) Skrive tilføjelser til interviewet på mail til mig
- 2) Bede om et opfølgende interview, da vedkommende har mere på hjerte
- 3) Bede om en opfølgende samtale (udenfor projektet), på baggrund af det som interviewet har vækket af tanker og følelser m.v.

Transskriptioner / "Member-check":

Den studerende læser transskriptionen fra interviewet og har her mulighed for;

- at markere hvis der er passager, som vedkommende mener, er ukorrekt transskriberet
- at markere hvis der er passager som vedkommende *ikke* ønsker, bliver citeret direkte i min afhandling eller i fremtidige artikler
- at foreslå ændringer i teksten m.h.p. at sløre identiteten/ opretholde anonymitet.

Transskriptioner fra interviews offentliggøres ikke, men supervisor, forskningsassistent og bedømmelsesudvalg vil komme til at se dem (i anonym/kodet form).

Generelt:

Den studerende sikres anonymitet i videst mulig udstrækning. (Jeg koder interviewene).

Den studerende kan til enhver tid vælge at trække sig helt eller delvist fra deltagelse i projektet.

Tilføjelse til Erklæring om Informeret Samtykke**1) Vedrørende vignetter.**
(Sæt kryds).

- ☐ Jeg ønsker IKKE at mine vignetter er en del af det empiriske materiale, som kan indgå direkte i afhandlingen eller anden formidling.
- ☐ Jeg accepterer at mine vignetter indgår, i afhandlingen eller anden formidling, i den anonymiserede form.
- ☐ Jeg accepterer at mine vignetter indgår, i afhandlingen eller anden formidling, med de rettelser jeg selv har foretaget i teksten. Jeg vedlægger mine rettelser.

2) Vedrørende selektion af interviews til videregående hermeneutisk og narrativ fortolkning.
(Sæt kryds).

- ☐ Jeg ønsker at bevare fuld anonymitet, dvs. jeg ønsker IKKE at mit interview vælges.
- ☐ Jeg vil gerne tillade at mit interview vælges – jeg accepterer, at der ikke kan loves fuld anonymitet, dvs. at personer der har et indgående kendskab til mig, måske vil kunne genkende mig, hvis disse personer læser afhandlingen, eller anden formidling af projektet.

Dato:

Underskrift:_____

Sendes til Charlotte Lindvang, Ndr. Jernbanevej 29, 1.tv, 3400 Hillerød.

APPENDIX IV

Interview guide

Transcription guide

Sheet for music analysis step 2

Procedure før interviewet (tager ca. 1 time);

Jeg læser vignetterne, skriver hvad der falder mig ind af tanker herudfra, og laver herudfra en liste med en række stikord til dette specifikke interview. Dernæst laver en meditation, hvor jeg undersøger dét tema, jeg synes står frem af vignetterne og mine associationer, i forhold til mit eget forhold til temaet. Dvs. en netværksmeditation, som skal være med til at afklare min position i forhold til det fortalte. Herigennem definerer jeg min egen for-forståelse, herunder et ”nysgerrighedsfelt” i forhold til netop dette interview.

FASERNE:

1. del af interviewet, indledning og dernæst : de åbne spørgsmål, der inviterer personen til at fortælle.

2. del af interviewet, her lytter vi til musik og samtaler herom.

3. del af interviewet vil jeg skele til min interviewguide, for at sikre mig at vi når omkring dét jeg havde tænkt.

4. del af interviewet, afslutning hvor jeg evt. stiller nogle mere direkte og konkrete spørgsmål

Mulige spørgsmålstyper under interviewet;

Introductory questions; fx , vil du fortælle mig noget om...

Follow-up questions; fx , hvordan klarede du det....

Probing questions; fx , vil du prøve at fortælle noget mere om det...

Specifying questions; fx , var det noget du kunne mærke i kroppen...

Direct questions; fx , hvad mener du om...

Indirect questions; fx , tror du generelt der blandt de studerende er...

Structuring questions; fx , vi skal lige tilbage til sporet...i forhold til at være i klientrolle...

Silence; tillade stilhed, eftertænksomhed

Interpreting questions; fx , skal jeg forstå det sådan at det for dig har været vigtigt at ...

Mulig indledning;

Velkommen – tak fordi du vil medvirke -

Vedr. optagelse: dette er et forskningsinterview som vi laver en lydoptagelse af.

Semi-struktureret, der er et fokus – jeg har en række områder jeg gerne vil vi kommer omkring – naturligvis mit ansvar at se til at vi kommer ind på det, - jeg har nogle overskrifter her på papiret, som jeg vil skele til undervejs. Den overordnede struktur er, at vi starter med at jeg stiller dig nogle åbne spørgsmål, på et tidspunkt inddrager vi musikken du har med, og så taler vi videre om det der dukker op, og helt til slut har jeg nogle helt konkrete spørgsmål jeg vil stille dig. Baggrunden for interviewet er at jeg har brug for data til dette projekt, men det er mit håb at du også kan få noget positivt ud af at være med til at producere disse data.

Projektet hedder ”Learning through self-experience”, og det vi skal sætte fokus på i interviewet i dag, er dine personlige oplevelser og erfaringer med denne form for læring på musikterapi. Dvs. når jeg undervejs bruger ordet ”egen-erfaring” så dækker det dine personlige erfaringer med at være i klient rollen i forskellige sammenhænge på musikterapi studiets kliniske/ terapeutiske spor, altså både egen-terapi individuelt og gruppeterapi og interterapi og GIM osv.

Du har på forhånd sendt mig nogle vignetter, så jeg ved allerede lidt om hvad der har betydet noget for dig, og vi vil sikkert komme ind på noget af det du har skrevet om, undervejs i interviewet. Har du noget spørgsmål eller kommentarer inden vi starter?

Guide:**Indledende åbne spørgsmål kan f.eks. være:**

- Kan du starte med at fortælle mig, helt frit og associerende, hvad du kommer til at tænke på og mærke eller se for dig, hvis nu jeg siger ”at lære gennem egen-erfaring”?
- Kan du prøve at beskrive for mig, med så mange detaljer som muligt, noget vigtigt du synes du har lært gennem egen-erfaring?
- Hvilken stemning har du haft med dig, når du er trådt ind i de forskellige sammenhænge, hvor du skulle være klient?

Mulige emner:**Klient-rollen**

- Kan du komme i tanke om en situation hvor du lærer noget om dét at være klient i musikterapi?

Musikken

- Hvad har du lært om musikken som terapeutisk redskab, ved selv at være i klient rollen?

Personlig udvikling

- Har du oplevet personlig udvikling / personlig forandring gennem dét at være i klient rollen, - på hvilken måde? Og hvilken betydning har musikken i det?

Selv-indsigt

Har du lært dig selv bedre at kende gennem egen-erfaringen? På hvilken måde? (og har musikken nogen betydning i det?)

Glæde

- Hvis jeg siger ordet ”glæde” i sammenhæng med egen-erfaringen, hvad tænker du så? (og har musikken nogen betydning i det?) ?

Smerte

- Hvis jeg siger ordet ”smerte” i sammenhæng med egen-erfaringen, hvad tænker du så (og har musikken nogen betydning i det?) ?

Fagenes betydning

Du har været klient i forskellige sammenhænge på studiet, - er der noget som har haft særlig betydning for dig?

Individuel versus gruppe

- Kan du fortælle noget om hvordan det har været for dig, at være klient i individuel setting i forhold til i gruppe-settings?

Inspiration og kreativitet

- Har dét at være i klientrollen virket inspirerende for dig, har det udviklet din kreativitet? (og har musikken nogen betydning i det?)

Fremtid

- Tror du egen-erfaringen får betydning for dig i fremtiden – hvordan? (Privat? Fagligt?)

Mulige konkrete spørgsmål til slut i interviewet:

- hvad tror du den generelle holdning er blandt studerende i forhold til dynamikken mellem individuel og gruppe proces.
- hvad synes du om at de terapeutiske fag er en integreret del af uddannelsen?
- har det voldt dig problemer at du har været i gang med personlige processer parallelt med andre uddannelses aspekter?
- har du oplevet der var sammenhæng ("din private røde tråd") gennem de forskellige fag på terapisporet?
- hvad tror du flertallet ville sige til et forslag om at man i fremtiden skulle tage egenerapi ude i byen?
- har du en holdning til at der fremover kun bliver gruppeterapi på bachelor delen (og ikke individuel)?

Sammenfatte til slut med f.eks. følgende spørgsmål:

På hvilke punkter synes du, du har lært allermest af egen-erfaringen på studiet?

Har du et godt råd til kommende studerende der skal til at lære om musikterapi gennem et forløb med egen-terapi og egen-erfaring?

Efter interviewet:

Jeg skriver nonstop i max en halv time, om alt det jeg tænker og mærker og kommer i tanke om. Dernæst mediterer jeg på stilhed, hvorefter jeg med stilheden som udgangspunkt, skriver stikord/nøgleord som falder mig ind. Dette vil jeg gøre, dels for kontinuerligt at holde øje med hvor jeg selv er henne i forhold til interviewene. Desuden kan det der fylder mig, efter interviewet, være vigtige informationer, som evt. kan inddrages ved senere analyse af interviewet.

Transcription guide

- If there is a brief pause in the middle of a sentence: *mark it with a dash*
- If there is a longer break between two statements: *mark it with a line break*
- If it is impossible to hear what is said: *insert a question mark in brackets or write what I think was said, and put it in brackets*
- If there is a loud sigh or laugh: *write it in brackets*
- If there is very clear bodily reactions (that I remember as I transcribe): *write it in brackets*
- If one part speaks and the other (most often me as the interviewer) says 'yes' many times contemporary with the speaking: *write only some of the 'yes' into the transcribed text*
- If there is repetition of the same word several times: *leave out the repetitions unless it gives meaning to keep the repetition*
- If interviewee or interviewer hesitates and says 'ehh': *keep this 'ehh' unless it disturbs the meaning of the text*
- If there are many repetitions in the speak and many uncompleted sentences, and the meaning will be lost if every word is transcribed: *edit the sentences, put them in brackets and note that the piece of text is edited*
- If the sentence is uncompleted – *write three dots*
- If a word or a part of a text compromise the anonymity of the student: *leave it out, and put dots in brackets and note 'anonymization'*
- If words are cut as often done in verbal speech: *write the correct language*

MUSIKANALYSE
(refleksion niveau 2: fokus på musikken)

Overblik.

For at få et overblik startes der med at undersøge om eksemplet med fordel kan inddeles i faser.

Dette gøres ved at markere eventuelle forandringer undervejs (tid).

Musikken beskrives med få ord (fx angivelse af instrumenter og overordnet om forløb) i relation til tidslinien.

Derefter inddeles musikeksemplet i faser.

TID	BESKRIVELSE	FASER

Fordybelse.

De parametre der karakteriserer musikken identificeres og beskrives nærmere

– kan evt. med fordel gøres i relation til faserne:

	1	2	3	4, 5 osv.
Parametre/faser				
Tonehøjde				
Varighed				
Dynamik				
Klang				
Tæthed				
Tempo				

Puls	
Modalitet	
Kontraster	
Melodi	
Rytme	

Det er ikke nødvendigvis alle parametre som optræder i et improvisationseksempel!!!

Parametrene vil ofte kunne beskrives i forhold til et kontinuum/modsætningspar:

Tonehøjde: høj/lav

Varighed: korte/lange lyde eller toner

Dynamik: kraftigt/svagt

Klang: lys/mørk, varm/kold, let/tung

Tæthed: fyldt lydbillede/mange pauser

Tempo: hurtigt/langsomt

Puls: puls/ingen puls

Modalitet: tonal/atonal, evt. skala

Kontraster: mange kontraster/få kontraster

+

Melodi

Rytme

NB: parameteranalysen er inspireret af Bergstrøm (2006), som er velegnet til analyse af improvisationer.

Denne del af analysen (refleksion niveau 2) kan afsluttes med en skitse (udkast) til en grafisk notation, for at illustrere eksemplet.

APPENDIX V

Analysis

Examples from text analysis (software AtlasTi)

List of code-families (all codes included)

PrinGrid illustration from Rep.Grid. analysis

Analysis of interview-text:

Print Screen-example from a session with the software program AtlasTi

ONLY AVAILABLE IN THE PAPER VERSION

Analysis of interview-text:

Print Screen-example from a session with the software program AtlasTi

ONLY AVAILABLE IN THE PAPER VERSION

Appendices

Code Families

HU: Lindvang-PhD

Code Family: A:Ansvar

Created: 26-03-07 20:14:40 (Super)

Codes (15): [ansvar for egne reaktioner] [egenterapi bør kvalitetssikres] [ekstern terapi] [for ung til terapi=for ung til at være terapeut] [fortid og nutid, forståelse og fred] [kompleksitet ifh. til ansvar] [manglende selvindsigt] [opbygge egen selvtillid igen] [problem at åbne op uden at bearbejde] [studiets store ansvar] [svært at skelne mellem projektioner og reelt] [tage ansvar] [terapierfaring øger evnen til at tage imod] [uetisk og uforsvarligt] [unødigt smerte og besvær]

Quotation(s): 17

Code Family: A:Erkendelsesprocesser over tid

Created: 26-03-07 20:26:05 (Super)

Codes (15): [behov for at blive hel igen] [ekstrem proces at uddanne sig til musikerapeut] [fortid og nutid, forståelse og fred] [i terapi må man gå hele vejen] [ingen erfaring:ingen redskaber] [integrationsproces] [langsom erkendelsesproces] [manglende selvindsigt] [midt i erkendelsesproces] [positive og negative erfaringer] [refleksion kom senere] [selvindsigt tager tid] [studieproces øger bevidstheden] [studieprocessen forandrer én] [terapierfaring øger evnen til at tage imod]

Quotation(s): 15

Code Family: A:Grænser

Created: 26-03-07 22:05:39 (Super)

Codes (9): [den enkeltes udsathed i gruppen] [egenerfaring:et mylder] [omgivelsernes betydning] [personlige grænser] [problem at åbne op uden at bearbejde] [sammenhæng teori og praksis] [svært at både åbne og lukke på kort tid] [svært at skelne mellem projektioner og reelt] [uetisk og uforsvarligt]

Quotation(s): 11

Code Family: A:Kreativitet

Created: 26-03-07 22:20:49 (Super)

Codes (5): [dyadens betydning for kreativitet] [for lidt glæde og kreativitet] [kreativitet og morskab i musikken] [tab af kreativitet] [vigtigste er at blive hel igen]

Quotation(s): 5

Code Family: A:Metaforer

Created: 27-03-07 08:27:13 (Super)

Codes (14): [den enkeltes udsathed i gruppen] [destruktivt at gå i terapi] [det terapeutiske rum] [egenerfaring:et mylder] [egenerfaring:mangespektret] [helhed i læringen] [i terapi må man gå hele vejen] [ikke lade sig sluge] [kan dirigere eget liv] [kan se gennem tåge] [kontraster] [råd til studerende] [små dryp terapi svært at håndtere] [svært at både åbne og lukke på kort tid]

Quotation(s): 18

Code Family: A:Musikkens betydning

Created: 26-03-07 22:15:44 (Super)

Codes (17): [brug af musikken essentielt] [effekten af det terapeut GØR i musikken] [en enkelt tone gjorde indtryk] [give musikken værdi og plads] [gode til at bruge musikken i interterapi] [gruppeterapi:tp.undervurderede musikken] [kan lide sin improvisation] [kreativitet og morskab i musikken] [lære at være i musikken] [musikken forsvundet - hvorfor?] [musikken vigtigere end terapeutidentitet] [musikkens betydning skal bekræftes] [musikterapi skal opleves for at kunne forstås] [prøve det selv for at tro på det virker] [terapeutens positive forhold til musikken befordrende] [terapeutens vedholdenhed i musikken] [vigtigt at kende musikken godt]

Quotation(s): 15

Code Family: A:Negative erfaringer

Created: 27-03-07 08:34:34 (Super)

Codes (20): [den enkeltes udsathed i gruppen] [destruktivt at gå i terapi] [for lidt glæde og kreativitet] [frygt i gruppen] [glad og lykkelig før studiestart] [gruppeterapi skræmmende] [gruppeterapi ubehageligt] [gruppeterapi:tp.undervurderede musikken] [kontraster:mødt og ikke-mødt] [musikken forsvundet - hvorfor?] [positive og negative erfaringer] [problem at åbne op uden at bearbejde] [savn efter det positive] [svært at både åbne og lukke på kort tid] [tab af kreativitet] [tunge processer] [uetisk og uforsvarligt] [unødigt smerte og besvær] [usikkerhed kom til at fylde op] [utryghed i gruppen]

Quotation(s): 22

Code Family: A:Personlig baggrund

Created: 26-03-07 20:03:28 (Super)

Codes (7): [fortid og nutid, forståelse og fred] [glad og lykkelig før studiestart] [ingen erfaring:ingen redskaber] [kommer fra hjem med musik] [manglende selvindsigt] [nyt at gå i terapi] [problem at åbne op uden at bearbejde]

Quotation(s): 6

Code Family: A:Positive erfaringer/udbytte

Created: 27-03-07 08:34:46 (Super)

Codes (21): [bevidsthed om valg, handlinger og følelser] [blive mødt hvor man er af terapeuten] [er blevet bedre til at leve] [give musikken værdi og plads] [gode til at bruge musikken i interterapi] [helhed i læringen] [individuel opmærksomhed fra terapeuten] [kan dirigere eget liv] [kan lide sin improvisation] [kan se gennem tåge] [kreativitet og morskab i musikken] [personligt eller professionelt udbytte] [positiv oplevelse af terapeuten] [positive og negative erfaringer] [positivt terapeutisk forbillede] [på godt og ondt] [studieproces øger bevidstheden] [terapeuten god til at støtte] [terapeuten modig i musikken] [terapeutens brug af intuition] [terapeutens positive forhold til musikken befordrende]

Quotation(s): 20

Code Family: A:Sammensat læring

Created: 26-03-07 20:01:56 (Super)

Codes (8): [egenerfaring:et mylder] [egenerfaring:mangespektret] [helhed afhængig af delene] [helhed i læringen] [integrationsproces] [læring på studiet:svær at skille ad] [sammenhæng] [sammenhæng teori og praksis]

Quotation(s): 6

Code Family: A:Terapeuten

Created: 26-03-07 20:08:41 (Super)

Codes (14): [blive mødt hvor man er af terapeuten] [effekten af det terapeuten GØR i musikken] [gode til at bruge musikken i interterapi] [gruppeterapi:tp.undervurderede musikken] [individuel opmærksomhed fra terapeuten] [kompleksitet ifh. til ansvar] [kreativitet og morskab i musikken] [positiv oplevelse af terapeuten] [positivt terapeutisk forbillede] [terapeuten god til at støtte] [terapeuten modig i musikken] [terapeutens brug af intuition] [terapeutens positive forhold til musikken befordrende] [terapeutens vedholdenhed i musikken]

Quotation(s): 13

Code Family: E:Baggrund og forventninger

Created: 21-03-07 21:35:20 (Super)

Codes (5): [egenerfaring ikke så hårdt som frygtet] [fokus på barndom] [frygt for at få vendt op og ned på bagage] [personlig baggrund] [spændt og afslappet ved at gå ind i rummet]

Quotation(s): 5

Code Family: E:Egenerfaring adskiller sig fra kreativitet

Created: 22-03-07 13:58:42 (Super)

Codes (5): [egenerfaring ikke umiddelbar sammenhæng med kreativitet] [finde eget udtryk:det kommer jo bare] [grænser og kreativitet] [i terapierne: en umiddelbar væren i musikken] [kreativitet: gode idéer og gode løsninger]

Quotation(s): 3

Code Family: E:Forandringens mulighed og begrænsning

Created: 21-03-07 21:20:26 (Super)

Codes (8): [accept af forskellighed blandt studerende] [egenerfaring vigtig og forandrende] [flytte noget men ikke blive en anden] [idealforestilling og virkelighed] [kærlighed til selv] [personlig udvikling gennem egenerfaring] [selvbillede udvidet/nuanceret] [smerte vendt til noget godt, huskes bedst]

Quotation(s): 9

Code Family: E:Følelser - modsatrettede

Created: 22-03-07 14:21:34 (Super)

Codes (7): [følelser: smerte og glæde] [hårdt på den gode måde] [i musikken:fint at reagere mod smertefulde] [idealforestilling og virkelighed] [modsatrettede følelser følges ad] [selviagttagelse og ambivalente følelser] [smerte vendt til noget godt, huskes bedst]

Quotation(s): 6

Code Family: E:Integration - på udd. mellem fag

Created: 22-03-07 13:34:16 (Super)

Codes (5): [egenerfaring sideløbne med teori] [egenerfaringens fysiske rammer] [fagene holdt adskilt] [integration af fag værdsættes] [krop og stemme gav gode input]

Quotation(s): 5

Code Family: E:Integration i fag-personligheden

Created: 22-03-07 13:41:21 (Super)

Codes (14): [accept af forskellighed blandt studerende] [accept af forskellighed øger rummelighed] [betydning for professionel rolle] [egenerfaring ligger som basis/ sammensurium] [egenerfaring sidder på rygraden] [egenerfaring sideløbne med teori] [egenerfaringens lydbilleder danner baggrund: resonansbund] [Før og nu] [få styr på noterne!] [Hvis man vil se tilbage] [kende sit eget udtryk i musikken en forudsætning] [musikken gjorde arbejdet] [personlig udvikling gennem egenerfaring] [redskab: kan hente følelsen frem]

Quotation(s): 14

Appendices

Code Family: E:Kontakt med andre bevidsthedslag

Created: 22-03-07 14:07:00 (Super)

Codes (14): [bevidsthed større i improvisationerne] [E's drøm] [egenerfaring sidder på rygraden] [gruppeterapi: fløj lidt fra og til] [i terapierne: en umiddelbar væren i musikken] [kobling mellem drøm og krop] [krop og stemme: arb. med ikke-bevidste opfattelse] [kropsøvelser] [musikken er præcis, men svær at oversætte] [musikken: et specielt univers] [musikkens kvaliteter] [ressource i drøm] [vigtigt for faglighed at mærke på egen krop] [vished om noget vigtigt]

Quotation(s): 15

Code Family: E:Kroppens betydning i egen-erfaringen

Created: 21-03-07 21:03:46 (Super)

Codes (10): [egenerfaring sidder på rygraden] [fokus på kropslige processer] [fortsat terapi med jævne mellemrum] [hænderne husker, hvad hovedet ..] [kobling mellem drøm og krop] [krop og stemme gav gode input] [krop og stemme: arb. med ikke-bevidste opfattelse] [kropsøvelser] [sammenhæng mellem krop, musik og følelser] [vigtigt for faglighed at mærke på egen krop]

Quotation(s): 11

Code Family: E:Musik og følelser

Created: 22-03-07 12:48:42 (Super)

Codes (6): [følelserne i musikken mærkes tydeligt, stadig] [glæden var i musikken] [gruppeterapi: fik mest ud af at improvisere] [i musikken: fint at reagere mod smertefulde] [instrumenters positive påvirkning] [musikken er præcis, men svær at oversætte]

Quotation(s): 5

Code Family: E:Musik og krop

Created: 22-03-07 12:50:01 (Super)

Codes (3): [krop og stemme gav gode input] [krop og stemme: arb. med ikke-bevidste opfattelse] [sammenhæng mellem krop, musik og følelser]

Quotation(s): 3

Code Family: E:Musik og professionalisering

Created: 22-03-07 13:00:41 (Super)

Codes (3): [egenerfaringens lydbilleder danner baggrund: resonansbund] [kende sit eget udtryk i musikken en forudsætning] [teknikker i musikken]

Quotation(s): 4

Code Family: E:Musikkens karakteristika

Created: 22-03-07 12:50:34 (Super)

Codes (11): [bevidsthed større i improvisationerne] [finde eget udtryk: det kommer jo bare] [i terapierne: en umiddelbar væren i musikken] [kontakt i musikken] [musikken er præcis, men svær at oversætte] [musikken gjorde arbejdet] [musikken umiddelbar, her-og-nu] [musikken: et specielt univers] [musikken: umiddelbar kommunikation] [musikkens effekt fader ikke ud] [musikkens kvaliteter]

Quotation(s): 11

Code Family: E:Relation til terapeuten

Created: 22-03-07 13:05:05 (Super)

Codes (3): [terapeuten sætter ord på] [terapeutens feed back] [tæthed med terapeuten]

Quotation(s): 3

Code Family: E:Selv-iagttagelse

Created: 22-03-07 13:11:20 (Super)

Codes (12): [egenerfaringen giver billeder] [erkendelse: gentagelser af mønstre] [Før og nu] [Hvis man vil se tilbage] [idealforestilling og virkelighed] [kende sit eget udtryk i musikken en forudsætning] [selvbillede udvidet/nuanceret] [selviagttagelse og ambivalente følelser] [selviagttagelse øget] [selvoplevelse: tænkte langsommere end andre] [verbalisering af det der mærkes er meget svært] [vished om noget vigtigt]

Quotation(s): 12

Code Family: G: ord og musikken

Created: 23-04-07 15:55:20 (Super)

Codes (4): [billeder og følelser under improvisationen] [improvisations opbyggende virkning] [refleksionen meget vigtig, ikke kun musikken] [særegent for musikken er oplevelsen]

Quotation(s): 4

Code Family: G: refleksion om egenerfaring

Created: 19-04-07 21:20:10 (Super)

Codes (14): [egenerfaring en kærtkommen chance] [egenerfaring giver forståelse for egen fortløbne udvikling] [egenerfaring giver mod til at gå ind i modoverføring] [egenerfaring noget af det vigtigste] [egenerfaring øger egne udtryksmuligheder i musikken] [egenerfaring: blanding af tillid og ansvar] [etisk grænseland] [indre forståelse af MT] [råd: fat tillid, åbn op, vogt grænser] [svært at have veninde som terapeut] [svært at observere medstuderendes terapi] [til nye studerende: der er gaver i det musikterapeutiske rum] [transformation igennem musikken] [uden egenerfaring: dem og

os']

Quotation(s): 15

Code Family: G:Delpersonligheder og metaforer

Created: 19-04-07 21:21:30 (Super)

Codes (14): [befrielse af dragen: udtrykke vrede] [billeder og følelser under improvisationen] [dragen symbol på at give los og handle] [erfaringer med at hjælpere stadig er vigtige] [feen symbol på ivrig og kærlig hjælper] [feen:rummelig og varm/mor] [improvisations opbyggende virkning] [integration af sider af personligheden gennem improvisation] [kontakt med billeder/indre hjælpere også efter terapiforløbet] [Krigerkvinde symbol på selvstændighed] [krigerkvinden symbol på grounding] [krigerkvindens femininitet og afgrænsethed] [narrativ:omsorg og beskyttelse] [udvikling af afgrænsethed]

Quotation(s): 14

Code Family: G:det særlige ved musikken

Created: 19-04-07 21:28:01 (Super)

Codes (17): [billeddannelse under musikalsk improvisation] [chimes og magisk stemning] [egenerfaring øger egne udtryksmuligheder i musikken] [fik omsorg fra musikken] [kan stadig mærke kraften i musikken] [katarisis] [musik og male konkretiserer og forankrer] [musikken et konstruktivt og positivt felt] [musikken giver mulighed for terapeutens med- og modspil] [musikken giver ramme] [musikken rummer flere ting på én gang] [musikken skaber indre billeder, fremkalder symboler] [opleve hvad musikken kan gøre] [særegent for musikken er oplevelsen] [særlig bevidsthedstilstand under improvisation] [ting sker hurtigere igennem musikken] [transformation igennem musikken]

Quotation(s): 19

Code Family: G:forhold til medstuderende

Created: 19-04-07 21:23:47 (Super)

Codes (7): [kamp for gruppefølelse] [maskerne faldt i gruppen] [medstuderendes positive spejling] [negativ omtale af tp. forstyrrer egen oplevelse] [refleksioner i fht. ansvar] [refleksioner omkring studiets ansvar i fht. medst. historie.] [svært at holdet blev delt i to grupper]

Quotation(s): 9

Code Family: G:forhold til selv

Created: 19-04-07 21:25:22 (Super)

Codes (23): [billeder gør det lettere at forholde sig til sig selv] [brugbart redskab: de tre rum/imaginær bevidsthed] [egenerfaring en kærvkommen chance] [give sig selv omsorg og anerkendelse] [har turdet åbne mere op til svage sider] [kærlighed til selv] [livsbekræftelse i at åbne til indre univers] [overordnet udviklingsperspektiv] [personlig grænseproblematik] [refleksionen meget vigtig, ikke kun musikken] [rummer egen sårbarhed og passer på sig selv] [selvanerkendelse] [selvbillede i fht. mænd] [selvindsig] [selvomsorg gennem stemmeimprovisation] [selvomsorg og vrede hænger sammen] [sluge kameler og spy ild] [stor opgave at rumme sig selv] [Tidligere selvbillede] [tilbageholdt vrede har konsekvenser] [udtryk for egne behov i improvisation] [værdig til at blive accepteret] [åbne sig for spiritualitet]

Quotation(s): 30

Code Family: G:fortid og bagage

Created: 19-04-07 21:32:01 (Super)

Codes (8): [angsten for at vise grænser] [Fortid og grænser] [gentagelse af barndoms forladthed] [har brugt musikken terapeutisk siden barndom] [nære relationer og selvmordsforsøg] [positivt livssyn] [svigt under opvækst] [tidligt i livet truffet valg:tro på det gode]

Quotation(s): 8

Code Family: G:fremtid og terapeutrolle

Created: 19-04-07 21:29:53 (Super)

Codes (10): [egen næring en nødvendighed] [egenerfaring en kvalitets stempling] [fremtidig terapeutrolle: rummelighed i musikken] [fremtidige målgrupper] [mission at være inspirerende ift. hvad der kan nære] [musikterapeuters etiske ansvar] [personlig og faglig mening] [positivt at reflektere som kommende terapeut] [terapien arbejder videre] [ærlighed]

Quotation(s): 9

Code Family: G:grænser

Created: 19-04-07 21:26:33 (Super)

Codes (13): [angsten for at vise grænser] [etisk grænseland] [Fortid og grænser] [har turdet åbne mere op til svage sider] [krigerkvindens femininitet og afgrænsethed] [negativ omtale af tp. forstyrrer egen oplevelse] [personlig grænseproblematik] [råd: fat tillid, åbn op, vogt grænser] [skyld og skam] [svært at gå fra terapi til undervisningssituation] [tilbageholdt vrede har konsekvenser] [udvikling af afgrænsethed] [Vrede følelser og afgrænsning]

Quotation(s): 19

Code Family: G:overordnet om uddannelsen

Created: 19-04-07 21:30:34 (Super)

Codes (13): [asymmetrien skal være der] [det terapeutiske spor mindsker fragmentering af lærestof] [egenerfaring noget af det vigtigste] [opstarten var vanskelig] [refleksioner omkring studiets ansvar i fht. medst. historie.] [savn af tydelighed omkring studiet] [stor udfordring at holde balancen med de tre spor] [svært at gå fra terapi til undervisningssituation] [svært at holdet blev delt i to grupper] [udd.opbygning:individuel terapi sent i forløbet] [udd.opbygning:interterapi krævende] [udd.opbygning:risiko for oplevelse af brud] [voldsom start på studiet]

Quotation(s): 11

Code Family: G:relation til terapeut

Created: 19-04-07 21:27:33 (Super)

Codes (11): [egenerfaring en kærkommen chance] [føjte sig healet og mødt af terapeuten] [konfrontation med medstuderende/terapeut] [musikken giver mulighed for terapeutens med- og modspil] [negativ omtale af tp. forstyrrer egen oplevelse] [oplevelse af heling] [svært at have veninde som terapeut] [sætter pris på tp.'s initiativ] [terapeuten sørgede for rammen] [terapeuter af forskelligt køn] [udtryk for egne behov i improvisation]

Quotation(s): 13

Code Family: G:udvikling og forandring

Created: 19-04-07 21:29:38 (Super)

Codes (13): [brugbart redskab: de tre rum/imaginær bevidsthed] [give sig selv omsorg og anerkendelse] [mere realistisk selv billede] [overordnet udviklingsperspektiv] [personlige temaer går igen:spiralbevægelse] [personligt split reparerer] [rumme sig selv fremfor selvafvisning] [rummelighed fremfor sønderknust container] [selvindsigt en stor hjælp] [selvudvikling, blive centreret og ikke så påvirkelig] [udvidet selv billede] [udviklet evne til at udtrykke egne behov] [videreudvikling af selvaccept]

Quotation(s): 13

Code Family: H:Det nye og anderledes v. musikterapien

Created: 26-04-07 18:22:31 (Super)

Codes (5): [et positivt kulturchok] [for stiv ramme i gruppeterapi] [første møde med musikterapien] [lært at have en åben tilgang til instrumenter] [råd: give slip og lade det ske]

Quotation(s): 5

Code Family: H:Fremtid og kompetence

Created: 26-04-07 18:58:39 (Super)

Codes (6): [egenerfaring øger følelsesmæssig rummelighed] [finde sin egen disciplin] [følge intuition skaber kontakt med klienten] [kreativitet og cirkularitet ind i projektskrivning] [rydde op for at blive ordentlig musikterapeut] [skifte kasket bliver vigtigt i terapeutfunktionen]

Quotation(s): 6

Code Family: H:Følelser og intellekt

Created: 26-04-07 18:19:49 (Super)

Codes (11): [drøm med i musikterapi] [er både kropslig og mental] [god udfordring at skulle skifte kasket] [græd meget i terapiforløbet] [kan godt lide teori, tanker og ord] [kropsliggørelse ved at spille det] [modstand mod at koble det legende og det intellektuelle] [overgang fra oplevelse til formidling er hårdt] [råd: give slip og lade det ske] [svært at træde ud og slippe processen] [være / tænke]

Quotation(s): 11

Code Family: H:Kroppen og stemmen

Created: 26-04-07 18:21:36 (Super)

Codes (6): [erfaringer fra krop og stemme] [fokus på kroppen] [forankring i kroppen] [krop og stemme vigtigt bidrag til proces] [stemmen det mest sårbare vi har] [stemmen går lige ind hvis man giver slip]

Quotation(s): 6

Code Family: H:Modoverføring

Created: 26-04-07 18:37:13 (Super)

Codes (6): [frygt for egne fejl] [modoverføring:mærke den anden] [modoverføring?] [pakke ud: kende sig selv] [terapeutens egne lig i lasten en motivator] [trafikofre... skeletter i skabet]

Quotation(s): 8

Code Family: H:Mor-barn forhold

Created: 26-04-07 18:18:15 (Super)

Codes (12): [anerkende sorgen] [bliver mor for eget indre barn] [forbindelse til mor i musikstykke] [første 'møde' med mor i individuel terapi] [musisk tilgang med egne børn] [møde eget larmende barn] [relation til mor] [svært at være mor for eget barn] [vrede og sorg: kontakt med mor] [vrede over at være blevet forladt] [være barn og voksen på én gang i improvisation] [øjeblik og hjerteåbner=hul igennem]

Quotation(s): 11

Code Family: H:Musikalsk baggrund

Created: 29-05-07 11:59:45 (Super)

Codes (11): [bedstemor var klaverdamen i familien] [frivilligt klaver igen] [guitar og sang i teenagealder] [kom fra hjem med klaver] [læst musik, bands, sangskriver] [mor døde-slut med klaver] [musikken slukket] [musisk tilgang med egne børn] [skilsmisse:genfandt kontakten til musikken] [uden noder: en anden tilgang] [åbenbaring:skal være noget ved musikken]

Quotation(s): 11

Code Family: H:Musikken i terapi

Created: 26-04-07 18:24:48 (Super)

Codes (24): [bevidsthedsniveau] [direkte kontakt gennem musik] [er i nuet med klienterne] [force vi har musikken] [give slip] [gode sammen i musikken] [improvisere, for at lære at improvisere!] [intuition:musikken styrer] [kontakt mellem følelse og udtryk] [kontakt til urkraft] [livskraft igennem musikken] [man er sammen når man spiller sammen] [med musikken kommer vi ind bagved] [musik et æstetisk medie] [musikken er helt konkret] [musikken et medie, ikke et redskab] [musikken kan rumme alle følelser] [musikken samlet i personen] [musikkens rolle i musikterapi] [musikudtrykket i musikterapi] [sjov i musikken] [udtrykker vrede gennem larm] [udvidelse og forankring ifht. musikken] [være barn og voksen på én gang i improvisation]

Quotation(s): 25

Code Family: H:Personlig baggrund

Created: 26-04-07 18:18:30 (Super)

Codes (14): [arbejdet med mors død var svært] [bliver ikke færdig med psykologisk tema] [ensom og vred som barn] [finde sin egen disciplin] [mor døde-slut med klaver] [mors ambitioner] [musikken slukket] [selvbeskyttelse: panser] [skilsmisse: genklang af tab af mor] [sorgkrise] [terapeutens egne lig i lasten en motivator] [tog lang tid at åbne hjertet] [trafikofre... skeletter i skabet] [ægteskab-ikke mere musiker]

Quotation(s): 12

Code Family: H:Relation til medstuderende

Created: 26-04-07 19:26:39 (Super)

Codes (4): [finde sin plads i gruppeterapi] [gruppen ikke sammenvokset] [lært meget af gruppeproces] [studerende hjulpet hinanden]

Quotation(s): 3

Code Family: H:Relation til terapeuten

Created: 26-04-07 18:35:57 (Super)

Codes (10): [give slip] [gode sammen i musikken] [har det godt med autoritetsfiguren] [personlig proces kan man ikke gøre alene] [relation til terapeuten (medst.)] [sjov i musikken] [terapeuten kan tage imod] [terapeuten meget analytisk] [tryghed i fht. kvindelig terapeut] [tryghed i fht. terapeuten]

Quotation(s): 10

Code Family: N:Erfaringer i forhold til musikken

Created: 10-04-07 10:39:49 (Super)

Codes (22): [alle improvisationer vigtige] [basal forståelse for klientrollen i musikterapi] [billeddannelse samtidig med improvisation] [glæden i at udtrykke sig i musikken] [improvisation en måde at konkretisere indre processer] [indre barn kan larme og fylde i musikken] [legende i musikken] [lytte til musikken bagefter] [metafor: musikken en hjemmebane] [musikken en måde at bearbejde personlige temaer] [musikken et let tilgængeligt udtryk] [musikken giver anden vinkel] [musikken giver plads til undersøgelse af stemning] [musikken og kreativ tankegang] [musikken og oplevelsens vedvarende effekt] [musikken rum til at udtrykke forskellige sider] [musikkens funktion i processen] [musikkens mange funktioner] [narrativ: kontakt til egen styrke via improvisation] [nemmere at udtrykke sig gennem musikken] [tænk kreativt: muligheder i musikken] [udforskning i musikken]

Quotation(s): 23

Code Family: N:Fremtid/Kommende terapeutidentitet

Created: 10-04-07 10:40:44 (Super)

Codes (11): [dynamisk proces der fortsætter] [egenerfaring kan få betydning på mange niveauer] [forståelse for kommende klienter] [klientoplevelse giver styrke til formidlingsrolle og terapeutrolle] [klientoplevelse øger evne til at tænke dynamisk] [klientoplevelsen fundament for kommende terapeutrolle] [kommende terapeutidentitet] [lære at beskytte sig selv som kommende terapeut] [metafor:springbræt] [rammer er gode: terapeutidentitet] [udviklingsproces ikke slut]

Quotation(s): 10

Code Family: N:Individuel og gruppeterapi

Created: 10-04-07 10:40:05 (Super)

Codes (6): [dejligt og trygt med individuel terapi] [gruppeterapi contra individuel] [gruppeterapi kan være overvældende] [gruppeterapi lærerigt] [gruppeterapi og individuel terapi] [selvstændighed i individuel terapi]

Quotation(s): 6

Code Family: N:Læringsniveauer

Created: 10-04-07 10:38:44 (Super)

Codes (15): [gå ind og ud af proces] [krop] [læring på mange niveauer] [musikken giver anden vinkel] [overskud til at se læringen] [proces: kropsligt og visuelt/metaforisk] [processen fyldte mest] [tager tid at lære at skelne mellem niveauer] [tredelt proces v. hver session] [tænke contra være i det] [tænkte ikke faglighed ind i oplevelsen] [være i det og se på det udefra] [være i det og se tilbage] [være i oplevelsen og refleksion kræver tid] [være i processen og reflektere over den]

Quotation(s): 13

Code Family: N:Metaforer

Created: 10-04-07 10:39:21 (Super)

Codes (6): [metafor: kerne og kappe] [metafor: musikken en hjemmebane] [metafor: musikken et trumfkort] [metafor:forskellige kasketter] [metafor:fundament/springbræt] [metafor:skeletter/sorte huller]

Appendices

Quotation(s): 7

Code Family: N:Om at være klient

Created: 10-04-07 10:42:39 (Super)

Codes (7): [basal forståelse for klientrollen i musikterapi] [klientoplevelse giver styrke til formidlingsrolle og terapeutrolle] [klientoplevelse øger evne til at tænke dynamisk] [klientoplevelsen fundament for kommende terapeutrolle] [klientrolle og kreativitet] [musikken rum til at udtrykke forskellige sider] [opstart generelt overvældende]

Quotation(s): 10

Code Family: N:Overordnet om egenerfaring

Created: 10-04-07 10:38:27 (Super)

Codes (14): [anbefaling af terapi før studiet] [egenerfaring centralt for hele uddannelsen] [egenerfaring givende i fht. andre fag] [egenterapi muligt krav til optagelsen på udd.] [kaotisk læreproces] [læring på mange niveauer] [mange sider/følelser repræsenteret i egenerfaringen] [opstart generelt overvældende] [positive og negative aspekter ved lærerterapi] [positivt at lærerterapi skal bruges til noget] [tidsramme for lærerterapi] [vidne til medstuderendes proces] [være i det og se på det udefra] [være i oplevelsen og refleksion kræver tid]

Quotation(s): 13

Code Family: N:Rammer for terapi på studiet

Created: 10-04-07 10:39:01 (Super)

Codes (7): [behov for rammer og grænser] [holde døren lukket til terapilokalet] [medstuderende talte over sig: tillidsbrud] [metafor: forskellige kasketter] [mål at opløde grænserne igen] [vigtigt at adskille fagene] [værne om terapeutisk rum]

Quotation(s): 5

Code Family: N:Selvindsigt

Created: 10-04-07 10:43:59 (Super)

Codes (17): [bedre til afgrænsning] [erkendelser: bare en brik af mange] [følelser] [hårdt at komme igennem] [indre barn i musikken] [indre kerne: skulle findes eller bygges op?] [kendskab til egne skeletter og huller] [metafor: kerne og kappe] [metafor: skeletter/sorte huller] [musikken en måde at bearbejde personlige temaer] [mål at opløde grænserne igen] [nemmere at udtrykke sig gennem musikken] [personlig eller faglig proces] [selvstændighed i individuel terapi] [stole på egen kompetence] [tema: at holde fast i sig selv] [tænkte ikke faglighed ind i oplevelsen]

Quotation(s): 16

Code Family: O:Grænser

Created: 30-03-07 09:36:10 (Super)

Codes (5): [grænseoverskridelse] [grænser mellem i og udenfor terapi] [grænser mærkes] [lære at sortere] [magtforholdet terapeut-klient]

Quotation(s): 6

Code Family: O:Hukommelse

Created: 30-03-07 09:21:46 (Super)

Codes (6): [bære erfaringer med sig fra musikken] [bære ressourcen med sig videre] [erfaringer fra musik og krop som huskes] [genkalde sig noget gennem musikken] [kropslig hukommelse] [lagring af erfaringer]

Quotation(s): 6

Code Family: O:Kroppen

Created: 30-03-07 08:40:01 (Super)

Codes (5): [erfaringer fra musik og krop som huskes] [kropslig bevidsthed] [kropslig hukommelse] [musik, krop og følelser] [mærke på egen krop]

Quotation(s): 8

Code Family: O:Musik og følelser

Created: 30-03-07 08:46:46 (Super)

Codes (8): [accept af egne følelser] [intimitet i musikken konfronterer] [klientrolle knyttet til følelser og behov] [musik, krop og følelser] [musikken forstærker følelser] [musikken kan give så meget] [nuet i musikken] [nye relationelle erfaringer gennem musikken] [opdage noget nyt gennem musikken] [relationens betydning i musikken] [selvindsigt gennem musikken] [skabe scenarie i musikken] [spontanitet i improvisation vækker noget positivt] [udforskning i musikken]

Quotation(s): 13

Code Family: O:Musikkens kvaliteter

Created: 30-03-07 09:28:50 (Super)

Codes (18): [erkender savn ifht. musikken] [frirum i musikken] [følge sin intuition] [genkalde sig noget gennem musikken] [improvisationen en befrielse] [improvisationens kontekst] [musik, krop og følelser] [musikken forstærker følelser] [musikken hjælper til konkretisering] [musikken kan give så meget] [nuet i musikken] [nye relationelle erfaringer gennem musikken] [opdage noget nyt gennem musikken] [relationens betydning i musikken] [selvindsigt gennem musikken] [skabe scenarie i musikken] [spontanitet i improvisation vækker noget positivt] [udforskning i musikken]

Quotation(s): 21

Code Family: O:Niveauer/lag i læringen

Created: 30-03-07 09:05:08 (Super)

Codes (8): [bevæge sig rundt i andre tilstande] [flere lag i læringen] [improvisationer fæstner sig i bevidstheden] [kropslig hukommelse] [musikken sparringspartner] [navigere i de signaler man mærker] [selvfordybelse] [åbne kanaler]

Quotation(s): 9

Code Family: O:Personlig bagage

Created: 30-03-07 09:34:21 (Super)

Codes (4): [egenerfaring=menneskelig erfaring] [personlig baggrund] [svær begyndelse] [wounded healer]

Quotation(s): 4

Code Family: O:Relationer

Created: 30-03-07 09:08:09 (Super)

Codes (18): [angsten for manglende accept] [bære ressourcen med sig videre] [etik] [forholdet mellem gruppe og individuel terapi] [gruppedynamik] [individuel terapi en befrielse] [intimitet i musikken konfronterer] [lære at udtrykke sig ærligt] [mulighed for healing] [ny erkendelse; intimitet er svært] [nye relationelle erfaringer gennem musikken] [relation til medstuderende] [relationens betydning i musikken] [selv-andre] [svær begyndelse] [tro mod sig selv] [undgå modoverføring] [værdi af forskellige terapeutiske situationer]

Quotation(s): 23

Code Family: O:Selv-følelser

Created: 30-03-07 12:03:54 (Super)

Codes (14): [accept af egne følelser] [bevidst om forsvar ifht. følelser] [bære ressourcen med sig videre] [finde eget udtryk i musikken] [følge sin intuition] [intimitet] [musik, krop og følelser] [ny erkendelse; intimitet er svært] [nærhed til sig selv] [pakke ud: kende sig selv] [personlig proces] [svær begyndelse] [tanker og følelser] [tåle kontakt med følelser]

Quotation(s): 20

Code Family: O:Selv-indsigt

Created: 30-03-07 12:04:07 (Super)

Codes (19): [accept af egne følelser] [behov for forløsning i dagligdagen] [erkender egen sårbarhed i tp.rollen] [give slip på tanker] [grænseoverskridelse] [grænser mærkes] [konfrontation med sig selv] [lære at sortere] [musikken som redskab] [ny erkendelse; arbejder stadig på at slippe mig løs] [opdage noget nyt gennem musikken] [positivt at lytte til egne behov] [selv-andre] [selvfordybelse] [selvindsigt gennem musikken] [selvtillid] [udvidet selvopfattelse] [være sig selv i musikken] [være ærlig overfor sig selv]

Quotation(s): 25

Code Family: O:terapeutrollen

Created: 30-03-07 09:04:16 (Super)

Codes (9): [erkender egen sårbarhed i tp.rollen] [kreativitet og terapeutrolle] [kropslig bevidsthed] [magtforholdet terapeut-klient] [relation til terapeut] [som terapeut: fokus på helheden] [terapeuten er et menneske] [terapeuten som rollemodel] [terapeutens rolle i improvisationen]

Quotation(s): 14

Code Family: P:Det nye

Created: 03-04-07 13:47:59 (Super)

Codes (3): [følelsesåbnende proces i en skolesammenhæng] [nyt at bruge musikken bevidst] [terapi for første gang]

Quotation(s): 3

Code Family: P:Egenerfaring, overordnet

Created: 03-04-07 09:25:23 (Super)

Codes (13): [egenerfaring meget omfattende] [en samlet proces] [følelsesåbnende proces i en skolesammenhæng] [Metafor:cyklon] [miljøet: også en del af egenerfaringen] [personligt og fagligt sigte] [rodet fornemmelse: det hele er egenerfaring] [råd til studerende: hav et langsigtet perspektiv] [råd til studerende: stop ikke op, der VIL ske noget] [selv i centrum for egenerfaringen] [studiet en legeplads] [studiet en samlet pakke] [studiet fattigt uden terapien]

Quotation(s): 12

Code Family: P:Fagpersonlig udvikling

Created: 03-04-07 09:40:39 (Super)

Codes (17): [føle man kan hjælpe andre] [grænser og integritet] [her-og-nu erkendelse] [køre sig selv træt] [learning by doing] [lært at følge processen] [musik versus samtale] [nøglebegivenhed] [personlig udvikling] [personligt og fagligt sigte] [skabe næring] [studiet en legeplads] [tillid et tema i egenerfaring og i livet] [tillid til processen] [udvikling over tid] [uendelig proces at finde hjem] [ønske om at lære noget om sig selv]

Quotation(s): 25

Code Family: P:Fremtid

Created: 03-04-07 13:35:11 (Super)

Codes (10): [frihed contra kontrol] [føle man kan hjælpe andre] [gennem musik kan jeg hjælpe] [længsel efter at finde hjem] [lært at følge processen] [musikken virker stadig] [mål som terapeut] [naturligt drevet til at arbejde med sig selv] [personligt og fagligt sigte] [uendelig proces at finde hjem]

Appendices

Quotation(s): 10

Code Family: P:Gruppen og medstuderende

Created: 03-04-07 14:15:40 (Super)

Codes (6): [gruppeterapiens vigtige rolle] [grænser: selv/andre] [lære at forstå medstuderende] [narrativ fra gruppeledelse] [relation til klassekammerater] [relation til medstuderende]

Quotation(s): 10

Code Family: P:Læringsdimensioner

Created: 03-04-07 10:15:10 (Super)

Codes (16): [føle musikken på sin krop] [gave at udtrykke sig] [grænser: selv/andre] [krop og stemme også del af det] [learning by doing] [lære på egen krop] [lære ved at være] [læring under bevidsthedstærsklen] [lært at følge processen] [Metafor:cyklon] [modtage det terapeutiske rum] [musik, krop og relation] [personligt ansvar og samvær] [Studerende: en form for klientrolle] [tillid til processen] [ønske om at lære noget om sig selv]

Quotation(s): 15

Code Family: P:Musik og følelser

Created: 03-04-07 10:43:39 (Super)

Codes (7): [barndom - gode følelser] [musik versus samtale] [musikken = udtrykt del af psyken] [musikken en forlænget arm] [musikken gav trøst] [transformation af følelser] [udtrykke sig selv som barn i musikken]

Quotation(s): 8

Code Family: P:Musik og krop

Created: 03-04-07 10:44:21 (Super)

Codes (3): [føle musikken på sin krop] [krop og stemme også del af det] [musik, krop og relation]

Quotation(s): 3

Code Family: P:Musik og ændret tilstand

Created: 03-04-07 10:47:03 (Super)

Codes (8): [fred og lethed/væren i improvisationen] [gennem musik kan jeg hjælpe] [musikken et åndehul i hverdagen] [musikken leder væk fra negativ tænkning] [musikken og næring] [musikken virker stadig] [narrativ fra gruppeledelse] [udtrykke sig selv som barn i musikken]

Quotation(s): 9

Code Family: P:Personlig integritet/grænser

Created: 03-04-07 09:52:42 (Super)

Codes (13): [grænser og integritet] [grænser: selv/andre] [indrestyret/udrestyret] [længsel efter at finde hjem] [miste sig selv i åbenheden] [narrativ om at lære at adskille terapi og undervisning] [personligt ansvar og samvær] [selvet en enhed med andre selv] [tema:at skille processer ad] [tillid?] [tæt på egen kerne] [udvikling af grænser] [åben, hvad/hvornår]

Quotation(s): 13

Code Family: P:Relation til terapeuten

Created: 03-04-07 13:26:40 (Super)

Codes (11): [kontakt til terapeuten] [læring under bevidsthedstærsklen] [miljøet: også en del af egenerfaringen] [musik, krop og relation] [overføring (tp:mor)] [separation ifht. terapeuten] [skabe et frit rum i terapi] [støtten fra terapeuten i musikken] [terapeuten følger] [terapeutens autenticitet] [tro på egen evne til at røre en anden]

Quotation(s): 10

Code Family: P:Tanker og følelser

Created: 03-04-07 10:01:55 (Super)

Codes (6): [følelser og tanker] [give slip og lade barnet være, i musikken] [intellekt versus mærke] [musik versus samtale] [musikken leder væk fra negativ tænkning] [udtrykke sig selv som barn i musikken]

Quotation(s): 8

Code Family: R: erkendelser ifht. terapeutisk proces

Created: 14-04-07 17:29:07 (Super)

Codes (7): [bio-psyko-sociale processer] [erkendelse idet jeg spiller] [faldgrube: når den studerende vil være en god klient] [processer tager tid] [præmis for egenerfaringen?] [selvet er virkeligt] [selvindsiget og selvaccept]

Quotation(s): 8

Code Family: R: Gruppeterapi

Created: 14-04-07 17:07:25 (Super)

Codes (10): [behov for terapeutens intervention i gruppen] [fokus på at afgrænse sig i gruppeterapi] [gruppeterapi blev individuel terapi i plenum] [gruppeterapi en negativ proces] [konfliktsituationer i gruppen blev ikke håndteret] [mangel på klarhed i det verbale smitter af på musikken]

[savner teoretisk forståelse af egenerfaringsprocesser i gruppe] [statisk forløb i gruppeterapi] [svært at være åben i gruppeterapi] [uvanthed med terapi giver utryghed]
Quotation(s): 10

Code Family: R: Hvad er vigtigt i terapi på studiet

Created: 14-04-07 17:09:09 (Super)

Codes (13): [behov for opbakning fra terapeuten] [behov for tryghed og tillid i terapeutisk relation] [behov for tydelig terapeut] [blive set af terapeuten] [faldgrube: når den studerende vil være en god klient] [gå fagligt til værks gør det svære lettere at håndtere] [manglende information om gruppeterapien] [råd: ærlighed og grænsesætning] [råd: vær tro mod dig selv] [terapiopfattelsen] [tillid er afgørende] [uvanthed med terapi giver utryghed] [ønske om strukturering af forløb fra studiets side]

Quotation(s): 13

Code Family: R: Konsekvenser/effekt

Created: 14-04-07 17:56:12 (Super)

Codes (6): [behov for at kunne beskytte sig selv] [behov for ekstern terapi] [følelse af inkompetence ifht. konflikter] [lært at være varsom med at give folk tillid] [manglende glæde og vitalitetsaffekter] [negativ erfaring skaber tvivl om faget]

Quotation(s): 6

Code Family: R: Kropslige erfaringer

Created: 14-04-07 17:03:45 (Super)

Codes (4): [bio-psyko-sociale processer] [erfare gennem kroppen] [resonans] [svært at sætte ord på]

Quotation(s): 4

Code Family: R: Musikkens betydning

Created: 14-04-07 17:04:22 (Super)

Codes (17): ['selvfylde' i musikken] [bygge sig selv op musikalsk] [erkendelse idet jeg spiller] [gennem musikken se at der er flere veje at gå] [give udtryk i musikken og tage ind bagefter] [improvisation en smuk erkendelsesvej] [kontakt med kerne gennem musikken] [lytte bagefter til improvisationen] [mangel på klarhed i det verbale smitter af på musikken] [musikken husker mig på hvem jeg er] [musikken kan både være stemnin...] [musikken tilføjer det nye] [ordene EFTER musikken er de vigtige] [resonans] [resonans og nærvær] [statisk forløb i gruppeterapi] [vished: musikken hjælper til at jeg mærker mig selv]

Quotation(s): 14

Code Family: R: negativ erfaring ifht. terapeuten

Created: 14-04-07 17:03:11 (Super)

Codes (3): [behov for terapeuten intervention i gruppen] [mødet/ikke-mødet med terapeuten] [savn af uddybet gensvar fra terapeuten]

Quotation(s): 3

Code Family: R: Ord på processen/opnå forståelse

Created: 14-04-07 17:02:30 (Super)

Codes (15): [ambivalens i forhold til at tale om hvor svært det har været] [bearbejdning af første leveår: svært at sætte ord på] [behov for at forstå processer] [behov for flere ord] [både følelser og hoved i gang] [egenerfaring: rod som har været svært at forholde sig til] [erkendelse idet jeg spiller] [forladt/overladt til sin egen manglende forståelse] [forstod ikke noget de første år] [gå fagligt til værks gør det svære lettere at håndtere] [havde ikke kapacitet til at sætte ord på] [ordene EFTER musikken er de vigtige] [ordløs proces] [savn af uddybet gensvar fra terapeuten] [savner teoretisk forståelse af egenerfaringsprocesser i gruppe]

Quotation(s): 16

Code Family: R: Personlig bagage

Created: 14-04-07 17:05:14 (Super)

Codes (11): [bearbejdning af første leveår: svært at sætte ord på] [behov for opbakning fra terapeuten] [betydning af at have gået i terapi før] [egne forudsætninger] [gammel negativ forventning] [grundlæggende selvtillid] [indsigt i betydning af egen historie] [lært at være varsom med at give folk tillid] [manglende glæde og vitalitetsaffekter] [selvindsigt og selvaccept] [studiestart: R meget åben]

Quotation(s): 11

Code Family: R: positiv erfaringer

Created: 14-04-07 17:03:28 (Super)

Codes (5): [blive set af terapeuten] [har fået hjælp af studiet] [kreativitet genvækkes i interterapi og gruppeledelse] [ligeværdighed i interterapi] [selvstændighed i inter-terapi]

Quotation(s): 5

Code Family: R: negative erfaringer

Created: 14-04-07 17:17:25 (Super)

Codes (18): [akilleshæl i egenerfaringen] [ambivalens i forhold til at tale om hvor svært det har været] [egenerfaring: rod som har været svært at forholde sig til] [fokus på at afgrænse sig i gruppeterapi] [gruppeterapi blev individuel terapi i plenum] [gruppeterapi en negativ proces] [konfliktsituationer i gruppen blev ikke håndteret] [lært at være varsom med at give folk tillid] [mangel på klarhed i det verbale smitter af på]

Appendices

musikken] [mødet/ikke-mødet med terapeuten] [negativ egenerfaring] [negativ erfaring skaber tvivl om faget] [overladt til sig selv] [skuffelse over studiet] [statisk forløb i gruppeterapi] [svigt] [svært at være åben i gruppeterapi] [uvanethed med terapi giver utryghed]
Quotation(s): 18

Code Family: T:Baggrund / barndom

Created: 28-03-07 10:21:50 (Super)

Codes (19): [baggrund:følelser holdt nede] [blokering] [Dagbog som lille] [før studiestart] [ingen erfaring med gruppeterapi] [lukket ned v. studiestart] [mangelende erfaring] [medbragt mangelende næring] [narrativ: fra barndommen] [narrativ: illustrerer udviklingsforløb] [narrativ:improvisation beskriver scene fra barndom] [nyt at gå i terapi] [pakke ud: kende sig selv] [personlig baggrund] [relation til søskende/gruppen] [tema for terapien] [unaturligt at dele ud af sig selv] [unaturligt at gå i terapi] [uvidende om at gå i terapi]

Quotation(s): 24

Code Family: T:Drømme, billeder, metaforer

Created: 28-03-07 10:22:14 (Super)

Codes (8): [billeder fra opvækst] [drømme og spiritualitet] [drømmescenarie] [Far ruskes i musikken] [inspiration fra naturen - i musikken] [metafor:madpakke] [metafor:spise af tom skål] [ressource og balance]

Quotation(s): 9

Code Family: T:Forhold til terapeuten

Created: 28-03-07 20:47:44 (Super)

Codes (12): [billede af terapeuten] [fjern i relationen] [mangelende tillid til terapeuten] [mødt af terapeuten] [relation contra klare sig selv] [relation til terapeut] [T:terapeutens rolle i improvisationen] [tage imod omsorg] [terapeutens betydning for autenticitet] [terapeutens mod og autenticitet] [terapeutens støtte] [unaturligt at dele ud af sig selv]

Quotation(s): 17

Code Family: T:Følelser

Created: 28-03-07 10:20:27 (Super)

Codes (21): [accept af forskellige sider af sig selv] [acceptere og vedkende sig følelser] [analyse contra følelser] [baggrund:følelser holdt nede] [blokering] [finde ressourcer] [følelser mærkes hurtigere] [kan ikke tænke dig til følelser] [koble hjerne og følelser] [krop,følelse og musikalsk udtryk] [mangelende accept af egne følelser] [mangelende humor] [mangelende tillid til terapeuten] [narrativ: illustrerer udviklingsforløb] [positivt at konfronteres med det smertefulde] [stemme og krop kobles med følelser] [tanker og følelser] [terapeutens støtte] [tyngde og alvor] [udtrykke sig selv gennem musikken] [unaturligt at dele ud af sig selv]

Quotation(s): 28

Code Family: T:Grænser

Created: 28-03-07 10:21:33 (Super)

Codes (5): [grænser i forhold til medstuderende] [grænser, integritet] [i og udenfor terapi] [nyt at gå i terapi] [uddannelsens tre spor har stor indflydelse på hinanden]

Quotation(s): 7

Code Family: T:Musikken

Created: 28-03-07 10:20:15 (Super)

Codes (25): [billeder fra opvækst] [Det udsigelige kan udtrykkes] [Far ruskes i musikken] [finde ind i den ægte musik gennem egenerfaring] [frirum i musikken] [frit stemmeudtryk] [frit/flydende udtryk] [give slip i musikken] [improvisation og kreativitet] [inspiration fra naturen - i musikken] [interviewers reaktion på musikken] [intimiteten i musikken] [krop,følelse og musikalsk udtryk] [musikeksempel, begrundelse] [musikken funktionaliseres] [musikken kan så meget] [musikken og egenerfaringen] [musikken rummer styrke] [musikken:noget går tabt] [præstationselementet ude af det musikalske udtryk] [selvbillede udvidet] [selvindsigt gennem musikken] [stemme og krop kobles med følelser] [terapeutens rolle i improvisationen] [udtrykke sig selv gennem musikken]

Quotation(s): 30

Code Family: T:musikken, det konkrete udtryk

Created: 28-03-07 14:20:01 (Super)

Codes (6): [Det udsigelige kan udtrykkes] [give slip i musikken] [krop,følelse og musikalsk udtryk] [præstationselementet ude af det musikalske udtryk] [stemme og krop kobles med følelser] [udtrykke sig selv gennem musikken]

Quotation(s): 12

Code Family: T:negative oplevelser/erfaringer

Created: 28-03-07 13:36:27 (Super)

Codes (9): [baggrund:følelser holdt nede] [blokering] [bruge det negative til noget positivt] [mangelende tillid til terapeuten] [metafor:spise af tom skål] [narrativ: at lære af ubehagelige oplevelser i terapi] [negativ erfaring] [negative erfaringer: gruppeterapi] [tyngde og alvor]

Quotation(s): 11

Code Family: T:Proces og udbytte

Created: 28-03-07 10:21:21 (Super)

Codes (16): [behov for uddybet forståelse og forklaring] [drømmescenarie] [Egenerfaring indad, spiritualitet udenfor] [finde egen styrke] [finde ressourcer] [følelser mærkes hurtigere] [integration] [kreativitet] [musikken:noget går tabt] [narrativ: illustrerer udviklingsforløb] [narrativ:improvisation beskriver scene fra barndom] [selvsagt at man bliver bedre terapeut] [T:råd til studerende] [tanker og følelser] [udtrykke sig selv gennem musikken] [udvikling over tid]
 Quotation(s): 31

Code Family: T:Relationer

Created: 28-03-07 10:20:38 (Super)

Codes (11): [autoritetstro] [blive sig selv gennem mødet] [forhold til mor] [formidling af proces til anden] [grænser i forhold til medstuderende] [humor en nøgle] [intimiteten i musikken] [narrativ: fra barndommen] [narrativ:improvisation beskriver scene fra barndom] [relation til medstuderende] [relation til søskende/gruppen]
 Quotation(s): 19

Prin Grid Diagram

ONLY AVAILABLE IN THE PAPER VERSION

APPENDIX VI

Improvisation Narratives in Danish

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Mandala drawings

Improvisations Narrativ - Anja

Dette narrativ portrætterer en improvisation som musikterapistuderende Anja, bragte til interviewet om 'læring gennem egen erfaring'. Improvisationen hun har valgt, er fra hendes forløb i interterapi. Anja spiller klaver og terapeuten spiller kontrabas (benævnes som 'bas') og bruger tromme og stemme i denne improvisation.

Klaverets atonale klange. Søgende i et drømmeagtigt grænseløst land. I et roligt tempo. På en rolig bund som bassen skaber. Hun breder kontraster ud; dybe, høje, skæve toner. Drypstenshule. Er her varmt eller køligt? Kraftigere akkorder - i det lysere leje. Triller. Insisterende akkorder.

Kontrabassen kalder - spiller den samme tone mange gange hurtigt efter hinanden. Kalder vist ud i ingenting. Eller de kalder begge, bas og klaver.

Hun er i et spændingsfelt.

Og nu går hun ned. Kromatisk nedgang. Disharmonisk. Hun må væk, hun må ned, eller hun bliver hevet nedad, hurtigere, trækkes af destruktive kræfter. Mørke klange. Trækker ikke vejret.

Stilhed.

Bassen fortsætter. Giver lyd, skaber fundament. Støtter hende, er med hende. Hun hører den. Men det er svært at række hånden ud. Hun kommer langsomt i gang igen. Spiller mere blødt. Længes så forfærdeligt. Søger harmoni. Hun breder enkelttoner ud; uden rytme, uden melodi.

Mørke og lys mødes. På midten. Langsomt. I baggrunden er bassen til stede med sit hjerteslag, sin struktur, sin puls. Vil ikke forstyrre hende. Det er modigt. Sætter hende fri til at opdage noget - og er der for hende.

Og så går det nedad igen. En kraftig kromatisk nedgang. I en langsom puls. Hun har stadig fat i de høje toner, men så sætter begge hænder sig energisk igennem i det dybe leje. På vej ned af glatte slimede trappesten. Går med klumpfødder. Vralter. Ned ned ned. Her er mørkt og truende. Der høres slag på en tromme. Hun sidder fortvivlet fast her. Tilintetgørelse. Vil sjælen ud af hende?

En stemme høres højt oppe. Flyvende, lange toner. Sang i rummet, samklang med klaverets akkorder. Udvidelse. Kølighed. Er det de døde som synger for hende? En line kastes til hende, hun hives op – et hjerte, en stemme, følger hende. Hendes krop er tung. Noget i hende er i live. Søger atter harmoni. Akkorder bevæger sig opad. Langsomt. Tunge skridt. Til slut spredes tonerne på klaveret og hun spændes ud mellem bare to toner fra det dybeste til det højeste. Hun er spændt ud mellem mørke og lys.

Klaverets dybe tone. Gentages mange gange. Lyder som en klokke der ringer for hende. Samtidig de højeste triller; et kirkespir mod himlen. Stemmen høres igen. En sorgløs sang. Den vil hende det godt. Hun rutscher nedad for tredje gang, nu i et langsomt tempo. Her er roligt, hun vugges. Her går bølgerne ikke så højt. Hun skifter mellem harmoni og disharmoni. Forsigtigt ser hun sig omkring. Der er luft mellem tonerne. Hun mærker sit åndedræt. Er afventende. Er måske stadig lidt i tvivl? Hun søger, uden melodi. Kalder forsigtigt, hvor er du – kom.

Bassen er der, den slipper hende ikke. Med sin ene tone af vedholdende imødekommenhed, uden at forstyrre, er den som et vidne til hendes fornyede integritet. Nu finder hun melodien på klaveret. Harmonisk. Langsomt. Luft mellem tonerne, bassen høres. Hun mærker det tydeligt; kontrabassen har været hendes faderlige base, hendes trofaste anker – hele vejen. Og hun opdager, at hun faktisk er i stand til at læne sig mod nogen. Hun kan lide det – og hun trænger til det.



Improvisations Narrativ - Rikke

Dette narrativ portrætter en improvisation som musikterapistuderende Rikke, bragte til interviewet om 'læring gennem egen erfaring'. Improvisationen hun har valgt, er fra hendes forløb i inter-terapi. Oplægget til improvisationen er, at Rikke med musikken kan 'give sig selv plads', - 'selvfylde' og 'nære sig selv'. Rikke spiller klaver og terapeuten spiller bas.

Klaveret. En enkelt tone, et sted i midten. Trin op, pause. En åben akkord foldes ud, klinger roligt. Flere toner, en melodi. Grunden lægges. Det er som en stemme, der toner frem. Hun toner frem. Langsomt. Hun er her. Er i et med sig selv. Og hun vil gerne frem i lyset. Trænger til det. Trænger til varme og lys så hun kan næres, så hun kan gro. Hun giver lys og lethed gennem klangen. Der er ingen puls, her er hun bare – med et forsigtigt udkast.

Hør, her er hun.

En gang til, den brudte akkord. Bassen er her. Hører hende. Er et vigtigt vidne til det, der er levende i hende. Svarer hende med en enkelt tone. Svar og gensvar. De er der begge to.

Tegner et billede af en sø. Klart vand. Vinden i bladene.

Et kraftigere udtryk, helt frem – her og nu, hurtigere tempo, flere toner – hun udvider sit rum.

Tegner sig selv med toner – trænger til at gøre det og trænger til, at det bliver modtaget, selvom det ikke er det, hun er optaget af nu. Det vigtige er, at bassen fortsætter med at være her, lytter, svarer, er her for hende, men ikke mere end det. Der skal ikke kæmpes. Hun skal have lov. Hun skal have mulighed for at mærke sig selv, fylde sig ud og op. Hun finder selv vej. Hun understøtter sig selv. Hun koncentrerer sin energi. Hun breder sig ud. Hun er inde i en pulserende bevægelse mellem at træde frem og trække tilbage. En dynamisk svingning mellem den tunge klang, de mørke toner og så den lyse lettere klang, i forsigtige spæde toner. Hun har energi til at træde frem. Med et strejf af en spændingsfuld blues.

Og så er der sårbarheden. Ømheden.

Men hun insisterer – det er vigtigt det her. Der er spænding i det. Spændstighed. Dynamiske kontraster. Hun er dramatisk. Pågående. Måske er hun vant til at kæmpe i modvind?

Spiller tritonus. Smerte eller anstrengelse.

Noget brister når hun vil frem. En sten, gennem en rude. Noget er knust. Noget i hende er såret.

Bassen beroliger. Hun spiller tætte hurtige toner. Få toner i ring. Triller som gentages. Et tilløb. En heftig trang - en vilje til at komme frem i et udbrud. Insisterer på at fylde sit rum.

Der er også meget at være vred over. Der er kræfter og følelser som tæmmes.

Bassen er der stadig. Rolig, rolig nu. Bassen er der. Holder hende. Minder om noget hun skal være årvågen overfor.

Hun bliver blød igen. Finder sin grundtone i det høje toneleje. En centrering i det spinkle. Tøver. Få toner. En åben akkord. Et spørgsmål i luften. Strejf af sørgmodighed. Hun er på vej. Leder efter næring. Ved at forme sig. Må føle sig frem. Finde healing.

Bassen fortsætter lidt endnu. Selvom hun slutter sin lyd, kan hun stadig høre bassens stille og rolige kontinuitet, - den svarer hende, holder hende. En forsikring til hende. Inde under huden.

Kontaktens mulighed.

En åben afslutning.

Eksempel 2.R



SØ
Klart vand
vinden i bladene
sten igennem
ruden i u

Improvisations Narrativ - Erik

Dette narrativ portrætter to improvisationer, som musikterapistuderende Erik, bragte til interviewet om 'læring gennem egen erfaring'. De to improvisationer blev spillet i samme session i den individuelle terapi, og udgør 3. og 4. del af en improvisations cyklus delt i 4 dele. I første del var overskriften, at Erik skulle spille de stemninger som hans mor repræsenterede i hans barndom. Dernæst spillede terapeuten anden del, hvor terapeuten simpelthen spejlede (gengav) det Erik havde spillet i del 1. Herefter reagerede Erik på hvad han havde hørt i 2. del, og til slut improviserede både Erik og læreterapeuten. Den følgende tekst drejer sig altså om Eriks reaktion i en soloimprovisation, efterfulgt af en afsluttende fælles improvisation.

Alene ved klaveret. Nu er der rum til at han kan udtrykke sig. Reagere. Vise sine følelser, sin smerte. Han springer ud i det. Kan kun få klumper ud. Med abrupte tilfældige atonale akkorder. Står stille – og springer igen. Klangen er mørk og kold. Der er mange kontraster. Han er vred. Eksploderer måske, kun måske. Han vil og han vil ikke. Breder klangflader. Han breder sig ud. De to diskuterende hænder begynder at samarbejde. Der er vilje – han vil gerne. Vil gerne mærkes. Vil gerne fylde mere. Det er som om han har en indre diskussion eller kamp med sig selv.

Så bliver det mere blødt, bløde klangflader i mol, og tempoet er lidt langsommere. Lidt varme og lys slipper igennem. En melodi tager form. En eftertænksomhed. Han længes måske, efter blødhed, nærvær. Det er sorgfuldt. Nedadgående klange. Vil gerne mærkes, men står overfor en som er ligeglad. Så han spørger ud i ingenting. Står ligesom på stedet og gentager sin spørgende melodistump.

Vibrerende samtidige akkorder breder sig spændingsfyldt ud i hver sin retning. Tempoet stiger igen. Udvidelse. Det er alvorligt. Der er smerte i det her. Det er tungt og truende. Tritonus og kontraster mellem dybe og høje toner understreger, at det er et indre drama der udspiller sig, når han forsøger at reagere på de stemninger moderen fyldte hans barndom med. Han vil ikke tynges af det.

I musikken kan han reagere på smerten.

Det varme bløde lys vender tilbage. Langsomt. Stille stille samling af klang i det dybe mellemleje. Samling og afrunding. Harmoni. Sorg. Ja, det var sådan det var. Det mørke er bag ham, for nu. Ja, dette er hans udtryk, hans følelser. Der er hvile. Ringe i vandet. Han fylder sig selv ud. Han giver sig selv lov, og det er okay. Her er bund at gå på i vandet. Han er lige her. Her. Og det var dengang. En enkelt høj tone skiller sig ud. Peger måske ind i fremtiden. En levende tone.

Soloimprovisationen afløses af fælles improvisation;

To klaverer spiller rolige fyldige harmoniske klangflader. Der er et bredt spekter af toner. Der er god plads til dem begge. Men man hører ikke hvem der er hvem. De udgør en harmonisk enhed, de holder sammen. Kom med siger den ene, græd ikke mere. Den anden svarer, det skal nok gå, jeg skal trøste dig – det gør ondt at længes. Der er en trøstende stemning, en blød varm klang. Vandet risler ligeså stille, klippegrund, varme sten, puls. Det gjorde faktisk ondt. Fortiden. Han vil gerne bæres nu. Han træder forsigtigt frem.

Han hører at han bliver hørt, jo den anden gentager. Fraser etableres og spejles. Uden at den fælles grund forsvinder. Synkoperne får det til at svinge. En legende blues. Bølger der skulper op ad

klippen, risler ned igen. Vinden i løvet. Harmoni men også spænding. Tilpas modstand. Ikke for meget. Det er godt sådan. Det er et frit og legende univers. Det er befriende.

De to følges, nærmer sig roligt en afrunding i en kadence. Han kan mærke trøsten i samværet. Han er blevet mødt med genkendelse og forståelse, fasthed, lys og opmuntring. Han er født til verden, er blevet modtaget med sin sårbarhed, så en integration bliver mulig.



3.E.
chapter 1



Improvisations Narrativ - Heidi

Dette narrativ portrætter en improvisation som musikterapistuderende Heidi, bragte til interviewet om 'læring gennem egen erfaring'. Improvisationen hun har valgt, er fra hendes forløb i individuel læreterapi. Hun spiller selv klaver og musikterapeuten spiller metallofon og bruger stemmen et stykke inde i improvisationen.

Klaveret starter ud i en ubestemmelig disharmonisk klang. Uden puls. Hvor er hun i denne stund? I et ingenmandsland.

Ja ingenmandsland. Det er hendes baggrund, - i en bestemt forstand; og musikken vil folde fortællingen ud om det ingenmandsland, om længslen efter varme. Og musikken vil forandre hende.

Hun finder ind i sin puls. Der opstår snart et møde med xylofonen, som er med hende. Harmonisk vandrer de sammen ind i et lyst rum. Det er en have. Hendes barndoms have. Hun spiller melodien. Terapeuten spejler hende, det giver hende tryghed; de udvikler et følgeskab. De stiger lidt i tempo. Det er faktisk rart for hende dette. Hun fyldes af mod. Alt skal nok gå. De laver en fælles opgang af toner. Hun får helt lyst til at lege. Der er mere dynamik i hende nu.

En enkelt skæv tone. Lettere uro. Disharmoni blander sig med harmoni. Kæmper om forgrunden. Mørke blandes med lys. Hun er i sin barndoms have. Hun er kun et barn. Disharmonien trænger sig på. Sagen er den, at hun har mistet sin mor. Hun er et legende barn. Som mistede sin mor lige pludselig. Midt i legen. Og mor har ikke været der, i alle de år der er gået. For ingen har kunnet rumme hendes sorg.

Hun har lavet et panser omkring sit hjerte. Hun har bestræbt sig på, at huske de grimme ting. Så mors forsvinden kunne føles som en befrielse – og ikke et savn. Kun som skyggen af en autoritet har mor været der – en skygge hun kunne rette sin vrede imod.

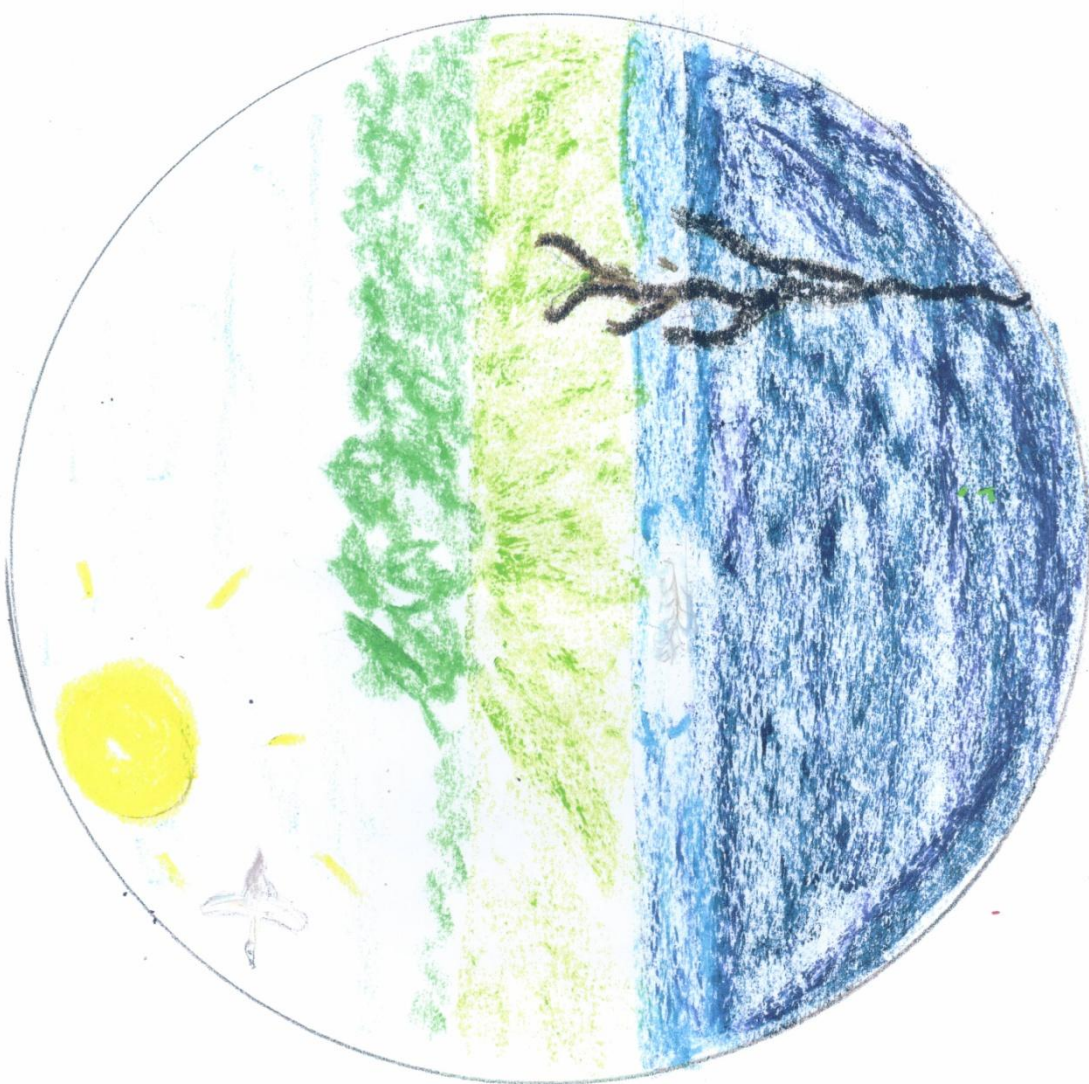
Men nu – nu står hun i haven, på egne ben, med sin egen musik, støttet op om af xylofonen klange og endelig klar, klar til at løfte blikket og at lytte til et andet sted i sig selv. Idet hun spiller, oplever hun at være i haven ved det hus, de boede i, da hendes mor døde. Som i en vågen drøm er hun både barn og voksen på én gang.

En stemme toner frem. En blid stemme fra en kvinde.

Hun ser op. Bag et af vinduerne på 1. sal står hendes mor. Ja, hun er der. Kigger ned i haven. Følger sin pige med blikket. Stemmen synger. En vuggesang. Der er ingen udsving, ingen kontraster. Det er roligt. Klangen fra stemmen er enkel. Og hun går med i den blide vuggen. Hjertet åbner sig.

Det er en fantastisk bevægende følelse. Kontakten med mor, trods afstanden. Afstanden mellem haven og vinduet. Vinduet som er lukket. Glæde og savn kan være der på samme tid, uden at hun går i stykker af det. Ro og tryghed cementeres. Hun er der bare lige så stille.

At kunne leve. At kunne leve side om side, uden at skabe disharmonisk spænding. Hun græder ved klaveret. En stille flod.



5.H

Improvisations Narrativ - Olivia

Dette narrativ portrætter en improvisation, som musikterapistuderende Olivia bragte til interviewet om 'læring gennem egen erfaring'. Improvisationen hun har valgt, er fra hendes forløb i inter-terapi. Oplægget til improvisationen er, at Olivia skal forsøge at beskrive sig selv med musikken, og hun skal ikke tage sig af hvad terapeuten foretager sig, hun skal udelukkende koncentrere sig om at gøre, som hun selv vil. Hun skal forestille sig at komme ud af sin bobbel, indefra hvilken hun er domineret af at følge, hvad hun tror andre tænker og mener hun skal gøre. Den studerende spiller klaver og bruger stemmen og slutter af med celloen. Terapeuten (medstuderende) spiller xylofon, og spiller på djembé til slut.

Klaveret fylder. Klaverets midte. Hun søger – noget velkendt. Brudstykker af en folkedans. Afbrudt af nogle øjeblikkes stilstand. Den skal findes. Hun kan lide denne sang. Hun er som Pippi. Opstemt. Det er sjovt. Så den skal findes. Hænderne søger videre, harmonisk i dur. Tung og let. Dansende vals. Klaveret fylder. Hun kan lide at fylde. Kan lide når det lyder rigtigt. Lidt irriteret over at hun ikke helt kan huske det rigtigt. Xylofonen er i periferien, spiller fremmede toner. Følger hende ikke. Kan eller vil ikke. Er ikke med hende. Laver en lille melodi over hendes grund. Vil nok gerne med. Men hun er ligeglad nu.

Hun prøver igen. Hun vil altså danse. Holder fast i akkorderne, dyrker rytmen. Hun mindes sine rødder. Det er så godt. Rødder der vokser under jorden fra et træ. Eller folkerødder. Klangen af folkemusik. Kom nu, det skal nok gå. Det er skønt dette her. Nu kører det bare, - hurtigere, op i tempo. Hun er selvkørende. Hun finder melodien igen. Klangen. Genklangen i personligheden. Det at have rødder, der er forgrenet og solidt har plantet sig i en fortid. Barndommens historie. Hun glæder sig ved at være tæt på rødderne, på jorden, sine barnsben, ærligheden. Hun improviserer en melodi.

Den fortsætter.

Det skrider.

Lydbilledet drejer. Karrusel.

Hvirvler. Ud i et bredt tonespekter. Ud af tangenten. Ud i ingenting. Hun falder tungt ned.

Nedadgående toneløb. Klangen mørknes. Akkordklusters i frustration. Tempoet abrupt. En elefant der tramper i en atonal malmstrøm. Mellem rødderne. Stumper af folkemelodier, vrides i ukorrekt spil. Xylofonen løber med. Massivt kaos af skæve toner. Det kulminerer i et fælles absurd udtryk. Hun synger falsk for fuld hals. Min pige ville med. Dengang jeg drog af sted. Absurd, ad helvede til. Et dramatisk oprør. Lyserød og sort. Hun vil være sig selv, vil have lov til at skabe sig. Det behøver ikke være korrekt. Det ukorrekte er det sjove. Hun griner. Et forløsende lydcirkus.

Befriende. Det er en befrielse for hende bare at måtte være. Så kan hun bedre være der. Terapeuten også. Det er nemt at gå med i det skæve. Hun elsker at få lov til at være ukorrekt og latterlig bøvet. Giver lyst til at leve livet. Leve frit. Som her, i improvisationen...

Langtrukken rytme, holder inde. Står stille. Enkelte skæve toner. Xylofonen. Stemmen. Ingen melodi, ingen dynamik. Hvor er hun egentlig? Hvilken vej skal hun nu gå? Stemmen er spag. Toner på celloen. Leder efter den skæve tone. Skærer. Gnaver. Måske er hun vred. Eller rystet. Terapeuten spiller djembé, er nærværende, svarer på energien. Hun leder efter sig selv, søger sin kvindelighed? Fra et nyt udgangspunkt. Uuuh. Hun kalder ud i luften. Samler sig til slut i lange strøg, en enkelt tone, stemme og cello. Luftigt. Rytmen på trommen skaber jordforbindelsen. En hel speciel stemning fader ud.



6.0.

Improvisations Narrativ - Gitte

Dette narrativ portrætter to improvisationer, som musikterapistuderende Gitte, bragte til interviewet om 'læring gennem egen erfaring'. De to improvisationer er taget fra to forskellige sessioner i inter-terapi forløbet, de er meget forskellige, men der knyttes nogle klare forbindelser mellem dem i interviewet. De følger hinanden i dette narrativ, for at understrege sammenhængen. Overordnet arbejder den studerende med 'vrede' og 'afgrænsning' (særligt illustreret i det første eksempel) samt temaer som 'selvomsorg' og 'selvbeskyttelse' (særligt illustreret i det andet eksempel, hvor både terapeuten og den studerende bruger stemmerne).

Hun sidder med tromme, bækken og gong omkring sig. Terapeuten er ovre ved klaveret. Hun starter prompte med gentagne korte og markerede anslag på trommen. Det er et kraftigt insisterende udtryk. Det er den indre drage, der får rum. Den skal sættes fri nu. Har været lænket længe nok. For længe. Der er opsparet vrede. Hun larmer – det er svært at høre klaveret. Tempoet er hurtigt. Lydbilledet er mættet, det er meget tæt og pågående. Atonalt. Dragen kradser. Det skærer i ørerne. Hun slår sig løs. Har fart på. Nu er det nu. Hun vil ud, hun vil af med energien, vreden. Hun kæmper en kamp. Hun vil udtrykke sig. Høres og slippes fri.. Det er som en bro i en krigszone. Vanvid. Opbundne fødder, klodser om fødderne i et øde landskab. Forhindret aggression. Dragen, den var lænket så længe. Det koster kræfter at sætte den fri, det går opad bakke. Klangen er mørk og tung. Hun spyer ud. Og hun rummer meget mere.

Pludselig en pause. Luft. Der er ingen kontraster, ingen rytme nu, tempoet er langsomt. Hun afmattes. Opgiver? Klangen stadig mørk og tung. Lange toner høres fra stemme og klaver. Mathed. Er vingerne brækket? Hænger helt alene i en tråd? Død? Stille.

Stemme, klaver og bækken – lydene samler sig. Der er stadig liv. Der opbygges et fælles udtryk. Rolige lange toner. Klangen letter. Det letter. Nu mærkes pulsen, og en rolig stabil rytme. Starten til en melodi. Et ukendt landskab. Klaveret søger hende, understøtter, giver en stille trøst.

Hun vil gerne flyve. Florlet. Ved ikke helt hvor hun er. Klaveret giver hende sit nærvær. Tempoet er meget langsomt nu. Der er luft mellem de svage lyde. Ingen kontraster. Pulsen til og fra. Stille chimes. Denne afrunding står i kontrast til begyndelsen af improvisationen. Kampen er slut. Lyset kommer? Stille. Klinger. En sarthed. Hun vil gerne flyve væk. Hun mærker vemodigheden til sidst. Der er nogle rytmer, lidt synkoperede og som bliver gentaget. Hun har fornemmelsen af, at være den store drage, som folder sine stive vinger ud, og tager den tunge tunge flyvning, en virkelig stor tung krop der ikke har været brugt i lang tid. Mærker vemodigheden over, at den har været i lænker. Og hun føler meget stor ømhed, respekt og kærlighed for dragen, det gør hun faktisk. Hun føler sig overhovedet ikke forskrækket over den kraft den har. Hun tager imod denne side af sig selv, som gerne vil mere frem i lyset.

Men hun lander igen. I en situation hvor hun føler sig krænket, grænseoverskredet og dybt ulykkelig. Et såret barn. Som ingen hjælp fik. Dragen var der ikke. Måske den stadig slikkede sine sår?

Hun trænger til omsorg og beskyttelse

Stemmer. Kun stemmer. Lange toner. Mørk, tung klang. Moder jord. Tempoet er langsomt. Sparsom tæthed. Øde. Atonal. Tragisk måske. Det sårede barn vil bare sidde der og fryse. En blød væg holder hende inde. Vil ikke med op. Holder fast i sig selv.

Hun siger til den sårede side; jeg understøtter dig, hjælper dig. Er din fødselshjælper.
Med lyset i stemmen. Lyset trænger ind til den lille, som går med et lille stykke.

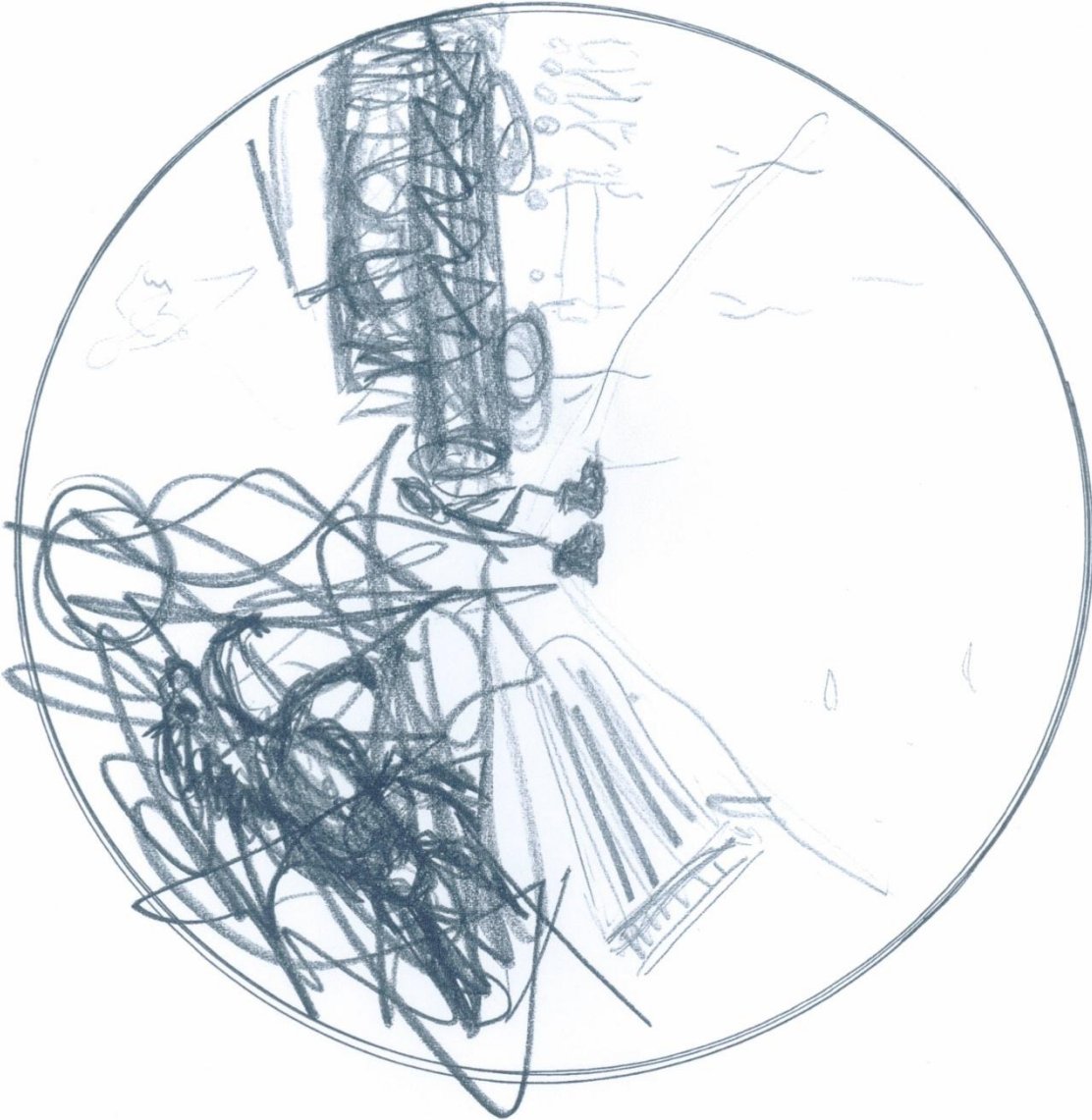
De to bevæger sig sammen af sted. I lyset og i mørket. Melankolsk i mol. Træet strækker sig, vinden er der, foroven. En melodi deroppe. Men der er et stykke imellem dem. Hun er usikker dernede. Tør ikke.

Feen kommer og kaster sit tryllestøv i hjertets område. Feen er den dejligste hjælper, hun er simpelthen så sød, så glad med runde røde kinder, så ivrig. Vil så gerne hjælpe. Tryllestøvet er en fantastisk hjælp. Kærligheden og omsorgen mobiliseres på mirakuløs vis.

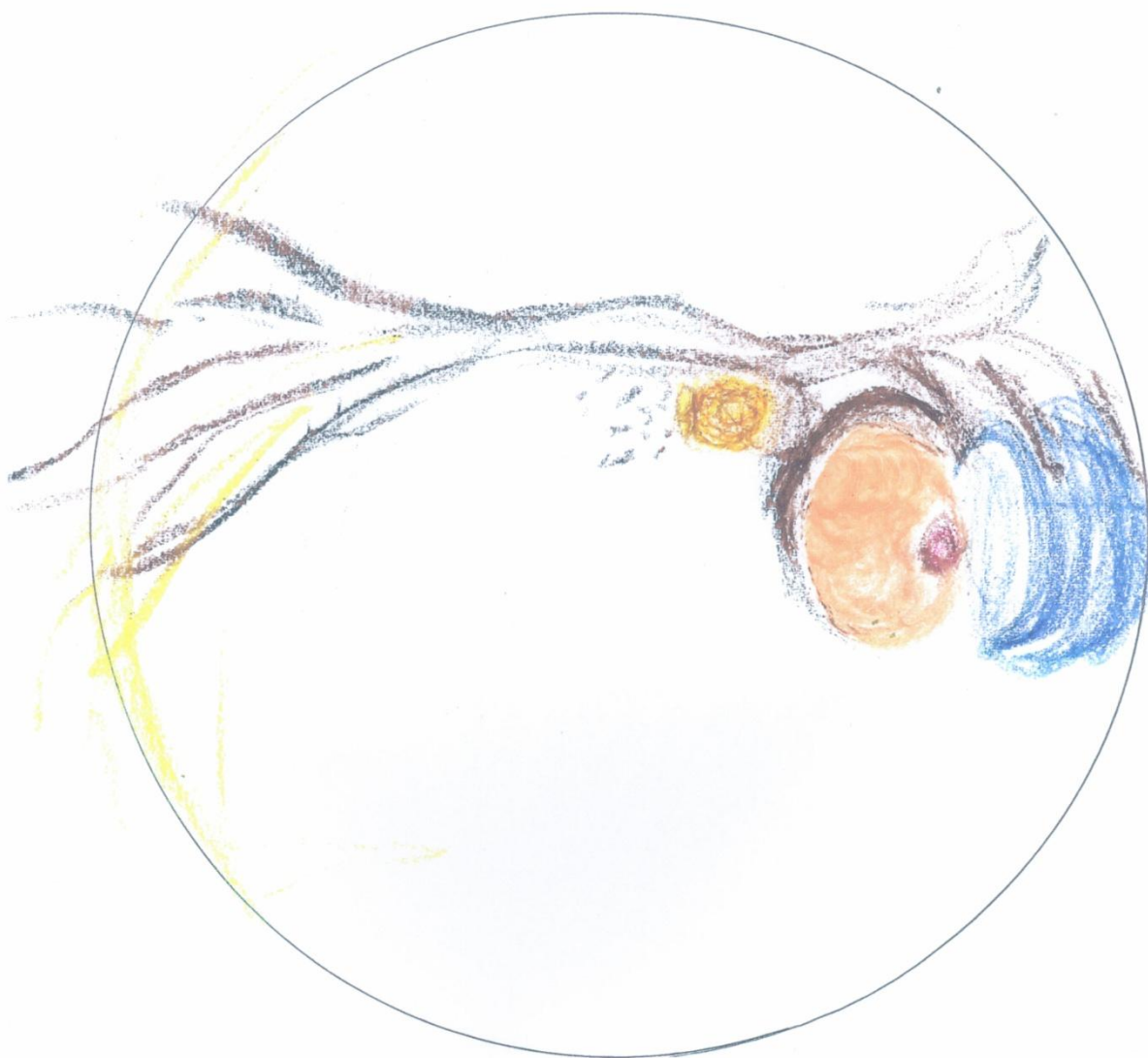
Hun baner vejen deroppe, viser vejen. Hun mærker sin kærlighed, sin evne til omsorg. Kom lille ven. Lad mig give dig hvad du har brug for. Se ud. Der er en verden udenfor.

Klangen åbner sig. Lys og varm. Blød. Det er stilfærdigt i mol. Drømmende. Det er en anden form for bevidsthedstilstand. Tiden ligesom opløser sig.

Stemningen er fortættet, skønt der er plads mellem de lange toner. Ja, melodien er der stadig, tempoet er langsomt. Stabilitet i det åbne landskab. Ubeskyttet. Beskyttet. Hun vil gerne lægge klædet om den lille. En varme ved hjertet og brystet, ja. Og en ømhed. Hun rummer sårbarheden - og holder af den - og får lyst til at være varsom omkring den.



F.C.
Pheasant 1



F.G.
Eksempel 2

Improvisations Narrativ - Tessa

Dette narrativ portrætter en improvisation som musikterapistuderende Tessa, bragte til interviewet om 'læring gennem egen erfaring'. Improvisationen hun har valgt, er fra hendes forløb i individuel læreterapi. Forud for improvisationen har Tessa talt med terapeuten om en mulig vrede, hun føler i forhold til sin mor – et tema som var oppe at vende i forrige session. Tessa kan dog ikke rigtig mærke vreden nu. Terapeuten foreslår, at hun kan have det i sit baghoved under improvisationen. Både Tessa og terapeuten bruger stemmen i denne improvisation.

Stemmen starter stille. Tre hele toner – nedadgående. Hun nynner mildt og roligt. Gentager melodimønstre i mol. Lange sarte toner. Terapeutens stemme anes i det dybere leje, støtter op om hende, giver fornemmelse af bund. Grundtone. Underliggende rolig puls. Hun går på sletten, vandrer langsomt tænksomt fremad. Hun lader det bare flyde. Der er ikke meget bevægelse, det er ikke stort og voldsomt. Det er på denne måde, at hun rejser tilbage, hun mærker en anden tid og sted. Hun er ganske ung lige nu. Hun ser alle mulige billeder for sit indre blik. Hun længes efter det der var og ikke var. Hun ser sin mor. Mor som tilbragte rigtig meget tid i sin seng. Hun ønsker samvær. Hun mærker en tristhed. Sorgen gnaver.

Det nedadgående melodimønster udvides med en ekstra halv tone nedad. Terapeuten støtter, stadig med forsigtighed, nu med opadgående halvtone. Stemmen følger hende, imiterer hendes toner, hendes klang.

Nu åbner hun sin stemme. Folder ud. Fortæller om dét der er - lige nu. I tillid. Stemmerne mødes – i et ligeværdigt pres mod hinanden. Hun indtager sit rum. Tonerne kortes en smule. Kontraster opstår. Tættere. Lidt hurtigere. Disharmoni. Fælles crescendo. Det er så vigtigt. At terapeuten er der sammen med hende – og støtter hvad der end er. Stort og småt. De finder sammen i et diminuendo.

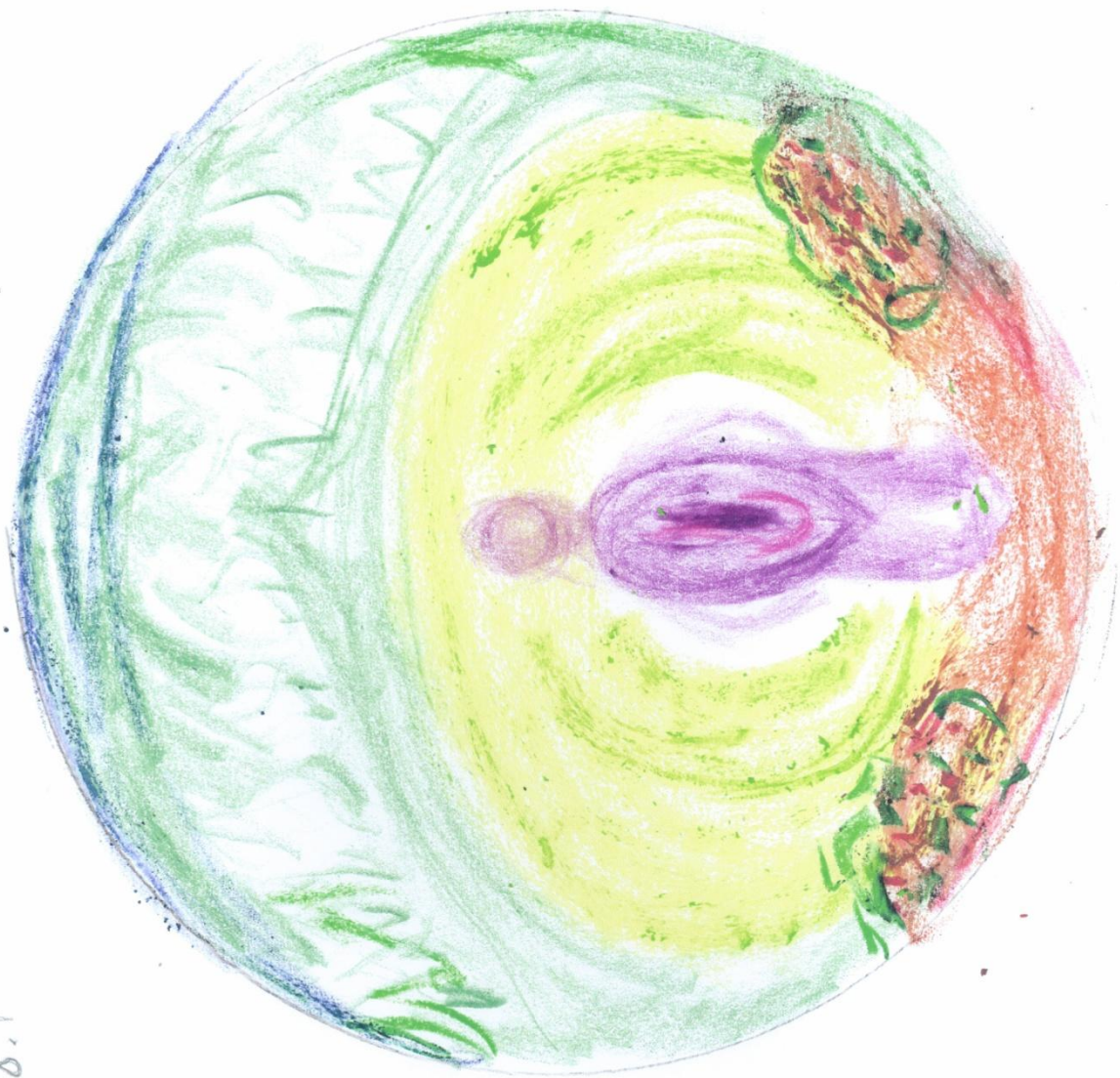
Starter en ny bølge. Hun bevæger sig med få toner. Igen de nedadgående små melodimønstre som gentages. Stemningen er mere fri denne gang. Støttes stadig af terapeutens lange toner og enkelte opadgående halvtone. Som en hånd i ryggen. Hun tør godt lige nu. Hun åbner sig. Smager.

Åbner vokalerne. Stadig langsomt i mol. Vil ud af sin puppe.

Hun står i stuen nu – hun er bare ti år. Større er hun ikke. Ser sin mor ligge på sofaen. Ser det med disse øjne. Det gør ondt. Og det gør godt at give lov. Give plads – give lyd, til det der er i pigen i hende. Følelserne. Frustrationen, kærligheden. Og de mørke klange. Terapeuten støtter, de vugger sammen. Terapeuten forstærker. Gråden presser sig på. Det er intenst. Hun vrider vokalerne. Hun presser, bider. Åbner i bølger. Stiger i styrke. Hun mærker sin vrede nu. Man måtte ikke udtrykke sine følelser. Det var tungt. Men hun udtrykker sig nu – mærker indad og ud kommer det; bevægelsen af stemmen ud igennem munden, ud igennem kroppen - og hun udtrykker, at hun ikke kunne udtrykke sig frit - dengang. Hun synger det udsigelige. Fylder rummet med dette paradoks af smerte og frigørelse.

Hun er såret. Ja. Og det heler, når de to stemmer mødes i endnu et fælles udbrud. Et højdepunkt i disharmoni.

Lige så stille til slut. Sørgmodigt. Sangen synker ind. Hjertet banker. Hun har fundet styrke indeni. Hun er der nu – hun står her, synlig i et blødt lys – med sine følelser.



Exempel 8.1

Improvisations Narrativ - Pia

Dette narrativ portrætter en improvisation som en musikterapistuderende ved navn Pia, bragte til interviewet om 'læring gennem egen erfaring'. Improvisationen hun har valgt er fra hendes forløb i individuel læreterapi. Oplægget til improvisationen er, at Pia ønsker at udtrykke sig i musikken efter en samtale med terapeuten om dét at kunne være sig selv, gå bag om det intellektuelle og være i kontakt med en følelse af 'selv'.

Metallofonens høje toner, de klinger forsigtigt – her er hun,
samtidig afkorter hun de dybere toner i en stump basgang, der kun flytter sig på halve trin,
igen og igen,
hun bremser klangen, - klinger lyst - bremser klangen,
hun er i en langsom puls, en stilfærdig vuggesang er vist på vej frem -
men noget gnaver i hende, arbejder imod, vil stoppe, er ikke klar til at åbne sig, er ikke sikker.
De to hænder hænger ikke rigtig sammen - modsatrettede kræfter er på spil.
Klaverets strenge høres nu, punktvis. Terapeutens afstumpede toner spejler hendes afstumpede
toner på metallofonen. De banker på – tempoet stiger, der indledes en dialog.
Energi vokser frem. Kraftigere slag. De løber sammen.
Hun stopper op, bliver lidt urolig et kort øjeblik. Så insisterer hun igen, rækker ud - trækker tilbage,
bliver stille igen.
Hun spørger. Der svares fra klaverets strenge og toner, og nu går det hurtigt.
De bliver kåde, de skiftes i en drilsk dialog; vis dig nu, kom, nej løb.
Synkoperne springer spændstigt af sted. Bliver hun bange?
Hvilken vej går det? Vil den ene med den anden? Det er en alvorlig leg,
for hun vil og hun vil ikke... –
men rytme, puls og toner svarer sammen i disharmoni
og fornemmelsen af det tætte følgeskab, i den muntre-mørke ligefremme dialog, hvor de løber og
springer sammen fra sten til sten, er perfekt for hende, det hjælper hende til at nå frem.
(Hun kender det udmærket; fornemmelsen af at nå frem til kanten af en skarp kløft
opfyldt af træthed og frustration,
over klumper af mental energi, der sidder fast inde i hovedet, en magtfuld dommer der har fyldt for
meget for længe, altid pågående pegende på dét der ikke er i orden,
opfyldt af udmattelse over negative tanke strømme...
Nå til en kant hvor hun tøver, endelig giver slip -
og falder ikke, nej, for hun får fat i en indre tråd, og det er her det åbner sig).
Det er lige her, som på en kant, at de to stopper musikken samtidigt, pauserer i et åndeløst sekund, -
fantastisk - det er et møde, det er en gave, hun mærker det og hun afklares idet hun giver helt slip.
Bliver rolig indeni, og vender tilbage til melodien, de lyse lette klange i dur.
Begge hænder følges, hun udvider sig, og hun støttes op om.
Klaveret spiller akkorder, lægger en grund for metallofonens melodi.
I fællesskab folder vuggesangen sig ud i afdæmpet puls og rytme.
Gentagelse. Genkendelse. Det er enkelt.
Der er ingen kontraster, hun hviler i en dyb, blød og fredfyldt fornemmelse.
Der er tid nok. Tid til fordøjelse. Hjertet er let.
Hun er et glad barn, og solen skinner ind i rummet: en lykkelig erindring.
Her kan hun sove trygt, i visheden om at alt er godt.

Eksempel 9.P



APPENDIX VII

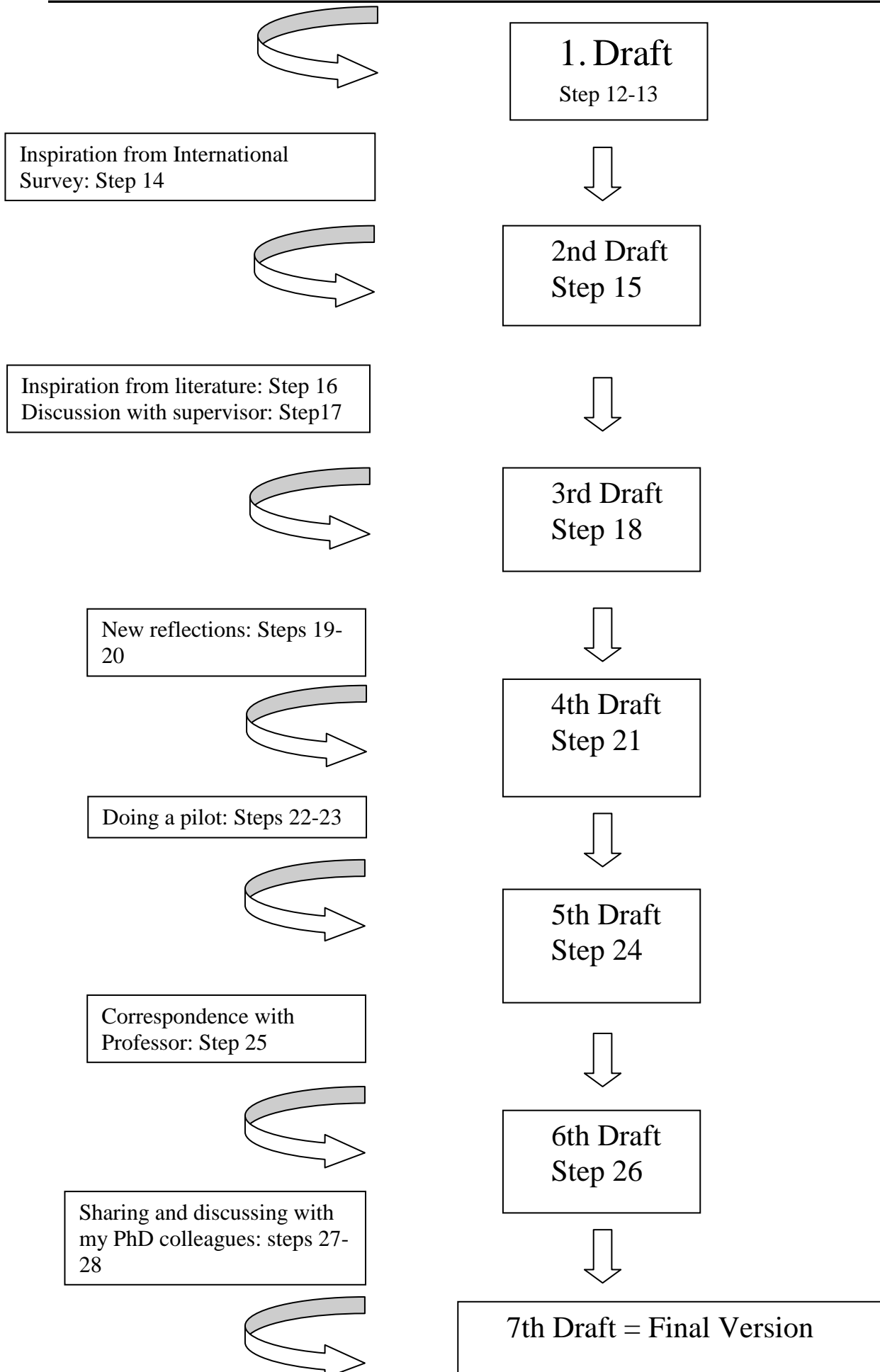
Questionnaire:

Overview of designing process
Mail attached to the questionnaire
Information letter to participants
Danish Questionnaire
English translation of questions
+
The basic results in an excel sheet

Overview of the process of designing questionnaire

Appendices

Preparing, brainstorming, reflecting



Kære musikterapeut.

Jeg sender dig hermed en invitation, til at deltage i en spørgeskemaundersøgelse jeg foretager i forbindelse med mit PhD-projekt.

I vedhæftede fil kan du læse en introduktion til, hvad spørgeskemaet og projektet handler om (fylder 1 side).

Du har mulighed for at svare på spørgeskemaet elektronisk (ved at klikke på linket nedenfor) eller på papirudgave. Hvis du ønsker papirudgaven, bedes du skrive tilbage til mig på mailen, så sender jeg et skema med almindelig post.

http://www.surveymonkey.com/s.aspx?sm=N9G8rm8ob_2b58S_2fZExxYJ6Q_3d_3d

Det er en god idé at afsætte ca. en halv time til besvarelsen. Bemærk at du godt kan begynde besvarelsen, forlade skemaet, for så at vende tilbage og færdiggøre besvarelsen fra samme computer på et senere tidspunkt. Blot du venter med at klikke "DONE" til du er helt færdig med din besvarelse.

Du er velkommen til at kontakte mig, hvis du har nogen spørgsmål til projektet eller til skemaet.

Jeg håber, at du har mulighed for at svare på spørgeskemaet indenfor to uger, dvs. senest d. torsdag d. 20.11.08.

NB: De musikterapeuter (daværende studerende) der deltog i min interviewundersøgelse i 2006 udelukkes ikke fra spørgeskemaets målgruppe. De phd-studerende som har hørt om min forskning i phd-gruppen udelukkes heller ikke.

Mange venlige hilsner

Musikterapeut Charlotte Lindvang
Stenstrupvej 27
Gudmindrup
4573 Højby

Mail: chli@mail.tdcadsl.dk / chli@hum.aau.dk

Tlf.: 48241126 / 24677120

Link til flere oplysninger på Forskerskolen for Musikterapi og Psykologi, Aalborg Universitet:

http://www.musikterapi.aau.dk/forskerskolen_index.htm

Gudmindrup d. 06.11.08

Kære Musikterapeut!

Som en del af mit PhD-projekt "Learning through Self-experience", har jeg udarbejdet et spørgeskema, der omhandler musikterapeutens egen vurdering af den kompetence han/hun har udviklet, og nu har taget i brug som professionel musikterapeut.

Spørgeskemaundersøgelsens målgruppe.

Da du er blandt de musikterapeuter, som er uddannet ved Aalborg Universitet, og er blevet færdig med uddannelsen mellem 2001 og 2007, inviterer jeg dig hermed til at deltage i denne spørgeskemaundersøgelse.

Spørgeskemaet er anonymt. Alle oplysninger behandles fortroligt.

Hvad går spørgeskemaet ud på og hvilken kontekst indgår det i?

Spørgeskemaet er udviklet ud fra studieordningens beskrivelser af de forventede kompetencer, den færdiguddannede musikterapeut er i besiddelse af. Skemaet har fokus på de kompetencer, der har eller kan have forbindelse til det terapeutiske spor på musikterapiuddannelsen, også kaldet læreterapi (eller på engelsk: 'self-experiential training'). Dvs. det omhandler de terapeutiske fag, hvor du som studerende har inddraget og har haft fokus på dit personlige materiale; din livshistorie, din situation, dine relationer, dine følelser osv.

Besvarelserne af spørgeskemaet skal som nævnt indgå i mit phd-projekt, som omhandler dét at lære gennem egen-erfaring på musikterapiuddannelsen. I starten af mit projekt havde jeg fokus på at undersøge en gruppe (ældre) studerendes oplevelser og erfaringer, gennem kvalitative interviews og kvalitative analyser af musikeksempler fra de lære-terapeutiske processer. De kvalitative analyser skal nu bl.a. perspektiveres ved at se nærmere på de kompetencer, som af Studienævnet forventes udviklet gennem træningen. Det er derfor, at jeg nu vil bede dig, som er med i gruppen af forholdsvis nyuddannede musikterapeuter, om at hjælpe mig med at uddybe denne perspektivering ved at besvare spørgeskemaet og dermed bidrage til projektet med empiriske data.

Det er et lille sample (45 musikterapeuter får tilsendt spørgeskemaet), og derfor er din besvarelse yderst værdifuld!

Formål med PhD-projektet.

Det er generelt mit håb, at mit arbejde med phd'en vil afføde en øget opmærksomhed på de mange aspekter, der er involveret i de lære-terapeutiske processer i musikterapiuddannelsen, og en mere udfoldet og underbygget viden på området, også i relation til musikterapeutisk praksis. Jeg håber at projektet bl.a. vil være til gavn for kommende musikterapistuderende. Afhandlingen vil også være et videnskabeligt funderet bidrag til en international udveksling og debat omkring musikterapi som fag og uddannelse.

Mange hilsner Charlotte Lindvang

SPØRGESKEMA

(i word-format, online-version kan ses i papir-version af afhandlingen)

Information:

Jeg har opbygget spørgeskemaet på en ensartet måde, således at du først får et spørgsmål vedrørende din vurdering af egen kompetence (evne) til at varetage en professionel opgave, hvorefter der spørges om, hvorvidt du mener, at egen-erfaringen på musikterapistudiet har medvirket til udvikling af denne kompetence.

'Egenerfaring' dækker over de faglige sammenhænge, hvor du har været i 'klientens position' og har inddraget eget personligt materiale: individuel læreterapi, inter-terapi, gruppeterapi, psykodynamisk bevægelse, gruppeledelse, samt GIM trin 1.

Hvert spørgsmål bedes besvaret med et kryds i en rubrik nedenfor spørgsmålet.

Jeg har tilføjet svarmuligheden VED IKKE, det kan du benytte dig af, hvis du ikke finder dig i stand til, at vurdere det der spørges om – men prøv så vidt muligt at komme med et bud.

Til slut er der mulighed for, at supplere med kommentarer.

Hvis du har specifikke kommentarer til bestemte spørgsmål, bedes du angive nummeret. Du kan godt klikke frem og tilbage mellem siderne i spørgeskemaet. Du kan også forlade det, og vende tilbage senere via dit link, bare du venter med at klikke "DONE" til du er helt færdig med din besvarelse.

God arbejdslyst og på forhånd mange tak for dine svar!

Baggrundsoplysninger:

- Hvilket årstal blev du færdiguddannet som musikterapeut?
- Hvad er dit køn? ☐ Kvinde ☐ Mand
- Alder?
- I hvor mange år har du sammenlagt været i arbejde som musikterapeut (uanset ugentligt timetal)?

(Hvis tilfældet er, at du ingen erfaring har med at arbejde som musikterapeut efter endt uddannelse, udfylder du kun baggrundsoplysningerne, og tilbagesender så skemaet).

- Hvilke(n) målgruppe(r) har du primært arbejdet med?
.....
.....

1a) I hvilken grad oplever du dig i stand til at tilrettelægge og gennemføre musikterapiaktiviteter i specifikke institutionelle kontekster?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

Jeg ved det ikke (jeg kan ikke vurdere det) ☐

1b) I hvilken grad har dit læringsudbytte i forbindelse med egenerfaringsfag bidraget til din kompetence til at kunne tilrettelægge og gennemføre musikterapiaktiviteter i specifikke institutionelle kontekster?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

Jeg ved det ikke (jeg kan ikke vurdere det) ☐

2a) I hvilken grad oplever du dig i stand til at tilrettelægge og gennemføre musikterapiaktiviteter rettet mod specifikke målgruppers behov?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

Jeg ved det ikke (jeg kan ikke vurdere det) ☐

2b) I hvilken grad har dit læringsudbytte i forbindelse med egenerfaringsfag bidraget til din kompetence til at tilrettelægge og gennemføre musikterapiaktiviteter rettet mod specifikke målgruppers behov?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

Jeg ved det ikke (jeg kan ikke vurdere det) ☐

3a) I hvilken grad oplever du dig i stand til at lede et musikterapeutisk forløb ud fra en på forhånd struktureret plan?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

Jeg ved det ikke (jeg kan ikke vurdere det) ☐

3b) I hvilken grad har dit læringsudbytte i forbindelse med egenerfaringsfag bidraget til din kompetence til at kunne lede et forløb ud fra en på forhånd struktureret plan?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

Jeg ved det ikke (jeg kan ikke vurdere det) ☐

4a) I hvilken grad vurderer du dig i stand til at lede et musikterapeutisk forløb ud fra en fleksibel forholdemåde (hvor du forholder dig til her-og-nu situationen)?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

Jeg ved det ikke (jeg kan ikke vurdere det) ☐

4b) I hvilken grad har dit læringsudbytte i forbindelse med egenerfaringsfag bidraget til din kompetence til at kunne lede et forløb ud fra en fleksibel forholdemåde?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

Jeg ved det ikke (jeg kan ikke vurdere det) ☐

5a) I hvilken grad oplever du dig i stand til at analysere de problemstillinger der opstår i et musikterapeutisk forløb?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

5b) I hvilken grad har dit læringsudbytte i forbindelse med egenerfaringsfag, bidraget til din kompetence til at analysere problemstillinger der opstår i et musikterapeutisk forløb?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

6a) I hvilken grad oplever du dig i stand til at arbejde med spilleregler i musikterapi (det gælder både at udarbejde, afprøve, og evaluere spillereglerne)?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

6b) I hvilken grad har dit læringsudbytte i forbindelse med egenerfaringsfag, bidraget til din kompetence mht. at arbejde med spilleregler?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

7a) I hvilken grad oplever du dig i stand til at anvende musikalske udtryksmidler (det kan både være indenfor anvendelsen af hovedinstrument, akkompagnementsinstrument, stemmebrug og perkussion eller andre instrumenter), når du arbejder som musikterapeut?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

7b) I hvilken grad har dit læringsudbytte i forbindelse med egenerfaringsfag, bidraget din kompetence til at anvende musikalske udtryksmidler når du arbejder som musikterapeut?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

8a) I hvilken grad oplever du dig i stand til skriftligt at formidle den musikterapeutiske behandling til dine samarbejdspartnere og kolleger?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

8b) I hvilken grad har dit læringsudbytte i forbindelse med egenerfaringsfag, bidraget til din kompetence mht. skriftlig formidling?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

9a) I hvilken grad oplever du dig i stand til mundtligt at formidle den musikterapeutiske behandling til dine samarbejdspartnere og kolleger?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

9b) I hvilken grad har dit læringsudbytte i forbindelse med egenerfaringsfag, bidraget til din kompetence mht. mundtlig formidling?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

10a) I hvilken grad oplever du dig i stand til, i et typisk musikterapeutisk forløb, at forstå din egen rolle som terapeut (at have rollebevidsthed)?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

10b) I hvilken grad har dit læringsudbytte i forbindelse med egenerfaringsfag, bidraget til din kompetence til at forstå din egen rolle som terapeut?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

11a) I hvilken grad oplever du dig i stand til at begrunde de musikterapifaglige beslutninger du tager i et typisk musikterapiforløb?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
slet ikke	en smule	i nogen grad	en hel del	i høj grad

ved ikke ☐

11b) I hvilken grad har dit læringsudbytte i forbindelse med egenerfaringsfag, bidraget til din kompetence til at begrunde dine musikterapifaglige beslutninger?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
slet ikke	en smule	i nogen grad	en hel del	i høj grad

ved ikke ☐

12a) I hvilken grad oplever du dig i stand til at møde klienten på klientens præmisser og følge klientens proces (hvor du forholder dig til klientens unikke behov)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
slet ikke	en smule	i nogen grad	en hel del	i høj grad

ved ikke ☐

12b) I hvilken grad har dit læringsudbytte i forbindelse med egenerfaringsfag, bidraget til din kompetence til at møde klienten på klientens præmisser og følge klientens proces?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
slet ikke	en smule	i nogen grad	en hel del	i høj grad

ved ikke ☐

13a) I hvilken grad oplever du dig i stand til at varetage behandling i overensstemmelse med gældende etiske retningslinier for musikterapeuter?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
slet ikke	en smule	i nogen grad	en hel del	i høj grad

ved ikke ☐

13b) I hvilken grad har dit læringsudbytte i forbindelse med egenerfaringsfag, bidraget til din kompetence til at varetage behandling i overensstemmelse med etiske retningslinier?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

14a) I hvilken grad vurderer du/ oplever du dig i stand til at kunne integrere dine personlige erfaringer fra klientperspektivet (dine egen-terapeutiske erfaringer) i din terapeutidentitet?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

14b)

Dette b)-spørgsmål udgår, da det ikke giver mening at spørge om.

15a) I hvilken grad oplever du dig i stand til at varetage primær musikterapeutisk behandling, (altså hvor musikterapi er det eneste terapeutiske tiltag)?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

15b) I hvilken grad har dit læringsudbytte i forbindelse med egenerfaringsfag, bidraget til din kompetence til at varetage primær musikterapeutisk behandling?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

16a) I hvilken grad vurderer du dig i stand til at samarbejde med andre faggrupper (dvs. varetage musikterapeutisk behandling som en del af en tværfaglig behandlingsindsats)?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

16b) I hvilken grad har dit læringsudbytte i forbindelse med egenerfaringsfag, bidraget til din kompetence til at samarbejde med andre faggrupper?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

17a) I hvilken grad oplever du dig i stand til at anvende musikterapeutiske metoder og teknikker til undervisning (som redskaber i pædagogisk øjemed)?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

17b) I hvilken grad har dit læringsudbytte i forbindelse med egenerfaringsfag, bidraget til din kompetence til at anvende musikterapeutiske metoder og teknikker til undervisning?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

18a) I hvilken grad oplever du, at du får eller ville kunne få udbytte af supervision i relation til dit musikterapeutiske arbejde?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

18b) I hvilken grad har dit læringsudbytte i forbindelse med egenerfaringsfag, bidraget til din kompetence til at få udbytte af supervision?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

19a) I hvilken grad oplever du dig i stand til at rumme og håndtere dine klients emotionelle reaktioner, herunder de emotionelle reaktioner klienten måtte have overfor dig?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

19b) I hvilken grad har dit læringsudbytte i forbindelse med egenerfaringsfag, bidraget til din kompetence til at rumme og håndtere dine klients emotionelle reaktioner?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

20a) I hvilken grad vurderer du dig i stand til at inddrage og forstå modoverføringsforhold i den musikterapeutiske proces, (altså at gøre konstruktivt brug af dine personlige reaktioner overfor klienten i processen)?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

20b) I hvilken grad har dit læringsudbytte i forbindelse med egenerfaringsfag, bidraget til din kompetence til at inddrage og forstå modoverføringsforhold i den terapeutiske proces?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

21a) I hvilken grad oplever du dig i stand til generelt (uden for musikken) at opbygge og udvikle relationen til dine klienter?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

21b) I hvilken grad har dit læringsudbytte i forbindelse med egenerfaringsfag, bidraget til din kompetence til generelt at opbygge og udvikle relationen til dine klienter?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
slet ikke	en smule	i nogen grad	en hel del	i høj grad
ved ikke	<input type="checkbox"/>			

22a) I hvilken grad oplever du dig i stand til at opbygge og udvikle relationen til dine klienter specifikt ved hjælp af musikken?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
slet ikke	en smule	i nogen grad	en hel del	i høj grad
ved ikke	<input type="checkbox"/>			

22b) I hvilken grad har dit læringsudbytte i forbindelse med egenerfaringsfag, bidraget til din kompetence til at opbygge og udvikle relationen specifikt ved hjælp af musikken?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
slet ikke	en smule	i nogen grad	en hel del	i høj grad
ved ikke	<input type="checkbox"/>			

23a) I hvilken grad vurderer du dig i stand til at anvende et personligt musikalsk sprog i musikterapi-improvisation?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
slet ikke	en smule	i nogen grad	en hel del	i høj grad
ved ikke	<input type="checkbox"/>			

23b) I hvilken grad har dit læringsudbytte i forbindelse med egenerfaringsfag, bidraget til din kompetence mht. at anvende et personligt musikalsk sprog i musikterapi-improvisationen?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
slet ikke	en smule	i nogen grad	en hel del	i høj grad
ved ikke	<input type="checkbox"/>			

24) ”spørgsmålsbatteri” (kun tilgængeligt i papir kopi af afhandlingen)

25) Samlet set, havde egen-erfaringen da betydning for din personlige udvikling under dit uddannelsesforløb (altså udover din faglige udvikling som kommende musikterapeut?)

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

26) Samlet set, har egen-erfaringens haft betydning for din personlige udvikling efter endt uddannelse som musikterapeut?

☐ slet ikke ☐ en smule ☐ i nogen grad ☐ en hel del ☐ i høj grad

ved ikke ☐

27) Har du uddybende kommentarer til specifikke spørgsmål i dette spørgeskema?

.....
.....

28) Har dine egne erfaringer fra musikterapistudiet haft nogle betydninger for dig og dit musikterapeutiske arbejde, som dette spørgeskema ikke kommer ind på? I givet fald hvilke(n) og kan du beskrive hvordan?

.....
.....

29) Har du i øvrigt nogle tilføjelser eller kommentarer til spørgeskemaet?

.....
.....

TAK

Questionnaire: Music therapists' evaluation of their own clinical competence

(for graphic design of questionnaire see the original Danish version)

Background questions:

What year did you graduate?

Gender? *Male / female*

Age? *20-30/30-40/40-50/50-60*

How many years have you worked as music therapist?

Which client group(s) have you primarily been working with?

Do you have any working experience related to this client group from before you started music therapy training?

Introductory question:

Do you think that you would be able to work at the same professional level as music therapist, had no self-experience training been integrated in the 5 years training program? *Yes/No*

Questions about competencies:

1a) To what degree do you evaluate yourself as being able to plan and accomplish music therapy in specific institutional contexts?

Not at all/ a bit/ to some degree/ very much/ to a high degree / I don't know

(same possible answers for question 1-23 + 25 & 26)

1b) To what degree did your learning from self-experience contribute to your competence in planning and accomplishing music therapy in specific institutional contexts?

2a) To what degree do you evaluate yourself as being able to plan and accomplish music therapy aiming at the needs of specific client groups?

2b) To what degree did your learning from self-experience contribute to your competence in planning and accomplishing music therapy aiming at the needs of specific client groups?

3a) To what degree do you evaluate yourself as being able to lead music therapy from a structure, planned beforehand?

3b) To what degree did your learning from self-experience contribute to your competence in leading music therapy from a structure, planned beforehand?

- 4a) To what degree do you evaluate yourself as being able to lead music therapy in a flexible way, related to the situation in the here-and-now?
- 4b) To what degree did your learning from self-experience contribute to your competence in leading music therapy in a flexible way, related to the situation in the here-and-now?
- 5a) To what degree do you evaluate yourself as being able to analyse those problems which may appear in a music therapy process?
- 5b) To what degree did your learning from self-experience contribute to your competence in analysing those problems which may appear in a music therapy process?
- 6a) To what degree do you evaluate yourself as being able to work with play rules in music therapy
- 6b) To what degree did your learning from self-experience contribute to your competence in working with playing rules in music therapy?
- 7a) To what degree do you evaluate yourself as being able to use musical means of expression (instruments or voice) when working as music therapist?
- 7b) To what degree did your learning from self-experience contribute to your competence in using musical means of expression (instruments or voice) when working as music therapist?
- 8a) To what degree do you evaluate yourself as being able to present music therapy treatment in writings to colleagues or people you cooperate with?
- 8b) To what degree did your learning from self-experience contribute to your competence in presenting music therapy treatment in writings to colleagues or people you cooperate with?
- 9a) To what degree do you evaluate yourself as being able to orally present music therapy treatment to colleagues or people you cooperate with?
- 9b) To what degree did your learning from self-experience contribute to your competence in orally presenting of music therapy treatment to colleagues or people you cooperate with?
- 10a) To what degree do you evaluate yourself as being able to understand your own role as music therapist in a (for you) typical music therapeutic process?
- 10b) To what degree did your learning from self-experience contribute to your competence in understanding your own role as music therapist in a (for you) typical music therapeutic process?

11a) To what degree do you evaluate yourself as being able to give reason to the music therapeutic decisions you make in a (for you) typical music therapeutic?

11b) To what degree did your learning from self-experience contribute to your competence in giving reason to the music therapeutic decisions you make in a (for you) typical music therapeutic?

12a) To what degree do you evaluate yourself as being able to meet the client on his or her own terms, and follow the process of the client (relating to his or her specific needs)?

12b) To what degree did your learning from self-experience contribute to your competence in meeting the client on his or her own terms, and follow the process of the client (relating to his or her specific needs)?

13a) To what degree do you evaluate yourself as being able to take care of the music therapy treatment in accordance with current ethical guidelines?

13b) To what degree did your learning from self-experience contribute to your competence taking care of the music therapy treatment in accordance with current ethical guidelines?

14a) To what degree do you evaluate yourself as being able to integrate the personal experiences from the client-perspective in the therapeutic identity?

14b) No b-question. It would have been rhetorical.

15a) To what degree do you evaluate yourself as being able to undertake a 'primary' music therapeutic treatment (music therapy as the only therapeutic intervention)?

15b) To what degree did your learning from self-experience contribute to your competence in undertaking music therapy as a 'primary' treatment (music therapy as the only therapeutic intervention)?

16a) To what degree do you evaluate yourself as being able to cooperate with other professionals (music therapy as part of a team intervention)?

16b) To what degree did your learning from self-experience contribute to your competence in cooperating with other professionals (music therapy as part of a team intervention)?

17a) To what degree do you evaluate yourself as being able to use music therapeutic methods and techniques in teaching (as tools, for pedagogical purposes)?

17b) To what degree did your learning from self-experience contribute to your competence in using music therapeutic methods and techniques in teaching (as tools, for pedagogical purposes)?

18a) To what degree do you evaluate yourself as being able to benefit from supervision in relation the music therapeutic work?

18b) To what degree did your learning from self-experience contribute to your competence in benefitting from supervision in relation the music therapeutic work?

19a) To what degree do you evaluate yourself as being able to hold and handle the client's emotional reactions, also eventually towards you?

19b) To what degree did your learning from self-experience contribute to your competence in holding and handling the client's emotional reactions, also eventually towards you?

20a) To what degree do you evaluate yourself as being able to integrate and understand issues of counter transference in the music therapeutic process?

20b) To what degree did your learning from self-experience contribute to your competence in integrating and understanding issues of counter transference in the music therapeutic process?

21a) To what degree do you evaluate yourself as being able to generally built up and develop the relation to your clients (outside music)?

21b) To what degree did your learning from self-experience contribute to your competence to generally built up and develop the relation to your clients (outside music)?

22a) To what degree do you evaluate yourself as being able to built up and develop the relation to your clients specifically with the help of the music?

22b) To what degree did your learning from self-experience contribute to your competence in building up and develop the relation to your clients specifically with the help of the music?

23a) To what degree do you evaluate yourself as being able to use a personal musical language in music therapy improvisations?

23b) To what degree did your learning from self-experience contribute to your competence in using a personal musical language in music therapy improvisations?

24) A battery of questions, see separate sheet

25) All in all, did the self-experience training have an impact on your personal development during your training?

26) All in all, did the self-experience have an impact on your personal development after your graduation?

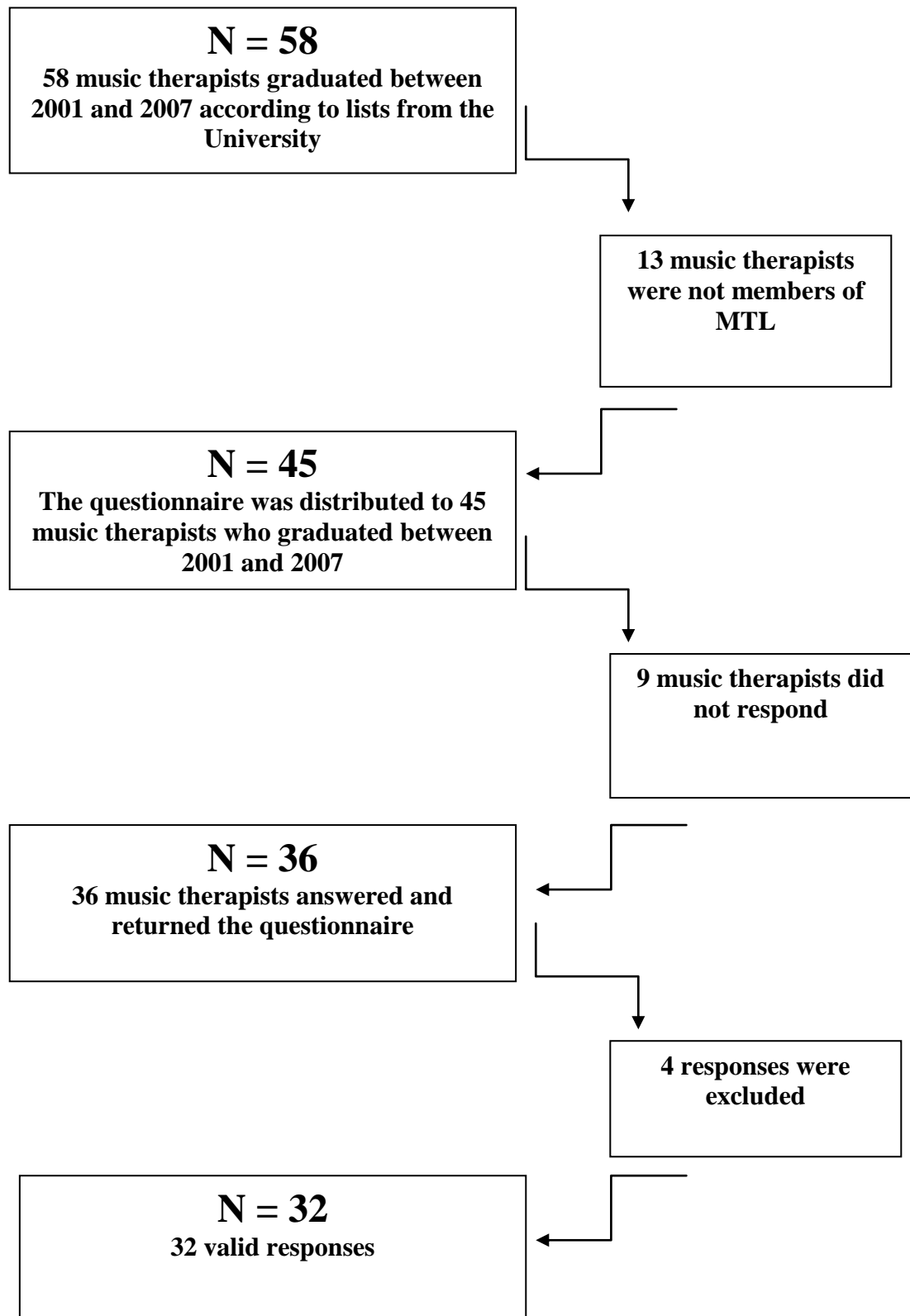
27) Do you have any further comments to specific questions in the questionnaire?

28) Did your self-experience training in the program have any impacts on you as person or impact on your music therapy work, which the questionnaire did not ask for?

29) Do you have any comments to the questionnaire as such?

24) How will you evaluate the influence that the different subjects/studyelements from the music therapy training have on your way to handle your recent clinical music therapy tasks?							
Answer Options	very negative influence	negative influence	neutral	positive influence	very positive influence	I never had the subject	Response Count
Music therapy theory							
Music therapy research							
Other theory courses							
Projects							
Intuitive music and graphic notation							
Individuel therapy							
Group therapy							
Inter-therapy							
Groupleading							
Practicum							
Clinical supervision							
GIM level I							
Singing and voicetraining + body and voice work							
Psychodynamic movement							
Ensemble + percussion + audiolab.							
KGMF (clinical group music therapy skills)							
Piano basic skills (Bachelor level)							
Piano Therapy oriented (Master's level)							
Master's thesis							
<i>answered question</i>							32
<i>skipped question</i>							0

Overview of sampling: Size and response rate



Appendices

respondent	experience	a1	a2	a3	a4	a5	a6	a7	a8	a9	a10	a11	a12	a13	a14	a15	a16	a17	a18	a19	a20	a21	a22	a23
1	2	5	5	4	4	4	3	4	4	4	4	5	4	5	4	4	5	3	5	4	4	5	4	5
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b1	b2	b3	b4	b5	b6	b7	b8	b9	b10	b11	b12	b13	b15	b16	b17	b18	b19	b20	b21	b22	b23
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